



Josh Gibson Baseball Academy Spring Training Fundamental Camp Registration Form Ages: 6 - 14

Participant Information

| Name | DOB | Age | M/F | Current Grade | School |
|------|-----|-----|-----|---------------|--------|
| | | | | | |
| | | | | | |
| | | | | | |

Address _____

City _____ State _____ Zip _____

Telephone Number _____ Email _____

Emergency Contact Information

Name _____

Relationship _____

Telephone Number _____ Email _____

Emergency Medical Release/Liability Waiver

I, the parent/legal guardian of the above named participant, declare to the best of my knowledge that my child is in good health and is adequately immunized to participate in the Josh Gibson Baseball Academy. I do hereby remise, release and discharge the Josh Gibson Foundation, it's officers, agents, employees and volunteers of any and all claims, demands, damages, actions, causes of action or suits of any kind or nature whatsoever, known or unknown and particularly on accounts of all injuries, known or unknown, either to the above named participant's person or property which may occur from participating in or attending the Josh Gibson Baseball Academy. I fully understand this Emergency Medical Release and Liability Waiver. In the event that there is another parent or guardian responsible for this participant, I have explained this Emergency Medical Release/Liability Waiver in full to the other parent or guardian, where my signature executes the waiver on either parent or guardian's behalf.

Signed _____
(parent or guardian)

Date _____