

Mail to:
Jeff Kaier
Baseball Office
PE Bld. Suite 123
1400 Washington Ave
Albany, NY 12222

WINTER BASEBALL CAMP AT UALBANY

DECEMBER 26-28

9AM-3PM

PE GYM/BUBBLE

COST – PRIOR TO DECEMBER 1- \$199

AFTER DECEMBER 1- \$229

PLEASE MAKE CHECKS PAYABLE TO JEFF KAIER

Name_____

Height_____ Age_____

E-Mail_____ Position_____

Address_____

City_____ Zip_____

Phone Number_____ Cell_____

Parents or Legal Guardians Name_____

Emergency Contact Number_____

Emergency Contact Name_____

Relationship_____

Medical Waiver:

As the parent/guardian of the participant in the WINTER BASEBALL CAMP AT UALBANY, I certify that he/she is in excellent physical health and capable of participating in any strenuous activity. I hereby give my approval to his/her participation at the baseball camp. In case of injury to my child, I agree to waive all claims resulting from or in connection with the activities my child is a participant. I hereby release, absolve and hold harmless the University at Albany, the baseball coaching staff, sponsors and supervisors from any such claim. In the event of an emergency, I hereby give permission for a representative of the clinic to transport my child if necessary for medical attention.

Signature Parent/Guardian_____