

SUMMER BASEBALL SKILLS CAMP AT UALBANY

Ages 8-12 July 9-13
Ages 13-18 July 16-20
9AM-1PM
Varsity Field
COST - \$200

PLEASE MAKE CHECKS PAYABLE TO: JUNIOR DANES BASEBALL ACADEMY

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 SUMMER BASEBALL SKILLS 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_____

Please Mail Registration Form to:

Jeff Kaier

1400 Washington Ave

Baseball Office

PE Bld. Suite 123

Albany, NY 12222