



2017 Spring Mavericks Camp

Registration Form

Camp Options:

S1: 8-10yrs, Thurs. (4-5pm) and Sat (10-11am); May: 4, 11, 13 18, 20, 25, 27 Cost: \$70 +GST

S2: 11-12yrs, Thurs. (5-6pm) and Sat (11-12pm); May: 4, 11, 13, 18, 20, 25, 27 Cost: \$70 +GST

S3: 8-10yrs Sat only 10-11am May: 13, 20, 27 Cost: \$30 +GST

S4: 11-12yrs Sat only 11-12pm May: 13, 20, 27 Cost: \$30 +GST

Camp Location: Athletic Park (Home of the Mavericks)

1. CHOOSE A CAMP CODE: _____ **Payment Received:** _____

2. ATHLETE AND PRIMARY CONTACT INFORMATION

Name of Child: _____ Date of Birth: _____

Age (at the time of Camp): _____

Name child prefers to be called (if different): _____

Name of Parent: _____

Address: _____

City: _____ Prov: _____ Zip Code: _____

Cell Phone: _____ Parent phone/name # in Emergency: _____

Email address you check frequently: _____

Best way to contact you? (circle one) **Home Phone** **Cell Phone** **Email**

Release of Liability – In consideration of the participant being able to participate in Medicine Hat Mavericks youth camps, we do discharge Greg Morrison and other camp instructors from any manner of action, injury, damages, costs, claims or demands which of such participation in the program. The release shall be binding on our heirs, assigns, executors and administrators.

Photo Release – I hereby give permission for my child to be included in any photographs, video and/ or print material used in the promotion of the Medicine Hat Mavericks Baseball Club.

Signature of Parent: _____ Date: _____

Print name of Child and Parent: _____