

Hendricks Avenue Community Athletic Association ("HACAA")
Baseball Camp Registration Form
Summer 2009
www.hendricksbaseball.org

Player Name _____ Date of Birth ____/____/____

Address _____ ZIP _____ Male Female

Home Telephone _____ e-Mail _____

Mother's Name _____

Work Phone _____

Cell Phone _____

Father's Name _____

Work Phone _____

Cell Phone _____

Doctor's Name _____

Doctor's Phone _____

Hospital _____

Medical Conditions _____

Authorization for my child to play sports with HACAA requires the parent/guardian signature and the execution of a waiver/release form. In case of an accident or illness, and HACAA is unable to reach me, I hereby authorize HACAA to contact the physician listed above and to follow his/her instructions. If the physician is unavailable, HACAA may make whatever arrangements it deems necessary to provide appropriate care and treatment for my child. I hereby grant permission for my child to participate in the HACAA program listed above. I further agree that neither HACAA nor Hendricks Avenue Baptist Church ("HAB") will be held responsible for any loss caused by injury, theft, etc., which may occur during participation in any function of said program.

Parent/Guardian must sign here: _____ Date: _____

FOR CAMP USE ONLY

WAIVER SIGNED _____ **PAYMENT AMOUNT** _____ **METHOD:** Cash ____ Check # _____ Date _____