

Blue Devil Baseball Clinic Registration Form

Deadline Friday, May 18

PARTICIPANT NAME _____ AGE _____ MALE _____ FEMALE _____

GUARDIANS NAME _____ PHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

EMAIL ADDRESS _____

KCKCC BASEBALL CAMP June 4-6 **\$50 (Make checks payable to MSBL Royals)** Shirt Size _____

PARENT/GUARDIAN: I hereby state that I am fully aware of the above-described activity and that above said player has no physical, mental, or emotional conditions that would prevent him/her from fully participating in such activity, or would make him/her susceptible to injury from such participation. I further state that I hereby release the Tonganoxie Recreation Commission, its employees, volunteers, or agents from any claim that the said player might have, or others may have, for injury that he/she might sustain during his/her participation in such activity. I also state that if I am not present and an emergency arises I authorize medical attention to be administered. Please notify the Recreation Commission if special accommodations may be needed for the above said player to participate in the above-described activity.

SIGNATURE: _____ **DATE** _____

Tonganoxie Recreation Commission

P.O. Box 479
Tonganoxie, KS 66086
521 E. 4th Street
913-845-3502