

Rich Amaral Baseball Camp Enrollment Application



Name _____ Age _____

Email _____

Address _____ City _____ Zip _____

Home Phone () _____ Emergency Phone () _____

I would like to be in the same workout group as _____

T-shirt size (please circle) Boys: M L Mens: S M L XL

Any Medical condition we should be aware of? _____

Confirmation via email will be sent upon receipt of application.
Enrollment is limited- Please mail as early as possible.
Liability release form must be signed for campers to participate.

Send payment with completed application to:

**Rich Amaral Baseball Camp
P.O. Box 1484
Huntington Beach, Ca 92647
Any questions, please call 951-764-9411**

Make checks payable to: Rich Amaral Baseball Camp

I hereby authorize the staff of the Rich Amaral Baseball Camp to act for me according to their best judgment in any emergency requiring medical attention and I hereby waive and release the camp and its instructors from any and all liabilities from any injuries or illnesses sustained while at camp. I further understand that attending a camp of this kind can be dangerous. Drills and playing situations that are used will create the danger of being struck by batted or thrown balls. I accept full responsibility for my camper's medical bills, and all other associated expenses as a result of injuries or illnesses sustained while in attendance. I have no knowledge of any physical impairment that would be affected by my camper's participation in the camp program. I also understand the camp retains the right to use for publicity and advertising purposes photographs of campers taken at camp. We reserve the right to decline any application. Credit certificates will be issued for all refunds and rainy days. No cash refunds.

Signature _____ Date _____
Name of Insurance Company _____ Policy # _____