



Campers Name / Age _____ Email _____

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Campers Name / Age _____ Email _____

Parents Name _____ Email _____

Parents Name _____ Email _____

Emergency Contact Phone Numbers _____

Shirt Size _____ (YL, AS, AM, AL)

Session 1: June 18-22 _____ (\$250) x # of Players _____ = _____

Session 2: June 25-29 _____ (\$250) x # of Players _____ = _____

Session 1 & 2 (\$50 discount) _____ (\$450) x # of Players _____ = _____

Total Payment Due _____

Please make Checks out to:

Chapel Hill Baseball
304 Meadow Lane
Chapel Hill, NC 27514

I hereby waive and release Chapel Hill Baseball, and the Chapel Hill Baseball Staff from any injury that might occur during, prior to, or after camp. I will also take responsibility for any expenses that might incur due to necessary treatment of injury. I also give my permission for emergency treatment if needed. I understand that by returning this registration form I acknowledge and agree to this medical waiver.