

Camp Registration Form

Name: _____ Grade: _____ Ht: _____ Wt: _____ GPA: _____ ACT: _____

Street: _____ City: _____ State: _____ Zip: _____

Phone: _____ School: _____ Email: _____

Parent name(s): _____ Contact info: _____

Mark one:

_____ \$75 Camp fee

OR

_____ \$125 Camp fee, pitchers bullpen with YouTube link, In season arm care plan, JWCC lifting program

Camp Release Agreement:

I hereby authorize the JWCC Blazer Baseball Clinic staff to act accordingly to their best judgement in any medical emergency and I hereby waive and release the said camp, its directors and John Wood Community College from any and all liability and injuries or illness incurred to myself or my child while attending the camp. The cost for treatment of injuries or hospitalization for illness or injuries incurred during the camp will be the sole responsibility of the parent or guardian of the participant. Any insurance carried by the parent may be used to defray such medical hospital costs.

Participant's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

Please note any medical conditions that we should be aware of: _____

Make checks payable and return to:

JWCC Pitcher Prospect Camp
C/O Business Office
John Wood Community College
1301 S. 48th Street
Quincy, IL 62305

For more information, please email: ahightower@jwcc.edu

Note: For all updates, please follow us on twitter @JohnWood_bases

