



Woodbridge Baseball Academy 2012 Fall Baseball Camp Registration Form

Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Home Telephone: _____

Email: _____

Age: _____ Date of Birth: _____

Shirt Size: (circle one) Youth: S M L XL Adult: L XL

Parent/Guardian Name: _____

Cell Number: _____

My son(s) will attend the following camp(s):

_____ September 15th (All 4 Sessions)

_____ December 1st (All 4 Sessions)

Enclosed is Cash / Check made out to The Woodbridge Community Youth Center for: \$ _____

Please Return to: **The Woodbridge Baseball Academy**
1200 W. Canfield
Detroit, MI 48201
(313) 832-4770 - Office (248) 357-2711 - Fax
Woodbridge.center@sbcglobal.net
www.actsimpact.org

Parent/Guardian Release and Indemnity Agreement:

I hereby release the Woodbridge Community Youth Center's, Woodbridge Baseball Academy, it's Directors and employees from all claims on account of potential injuries which may be sustained by my son while attending the camp. I also certify that my son is medically fit to participate in your camp and grant permission for the Directors to act in their best judgement in any emergency requiring medical attention. I will furnish my own medical or dental insurance.

Parent/Guardian – Print: _____

Parent/Guardian Signature: _____

Date: _____