



## Memorial Incoming Freshman Camp Application



**Campers Name** \_\_\_\_\_

**Parent** \_\_\_\_\_ **Last** \_\_\_\_\_ **First** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Last** \_\_\_\_\_ **First** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Street / Apt Zip code**

**Parent Email:** \_\_\_\_\_

**Birth date** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### **Waiver:**

I hereby authorize the directors of the Memorial High School to act for me in accordance with their judgment in any emergency requiring medical attention. I further waive and release Memorial High School and SBISD from liability for any damages from injuries and or illness sustained while participating in the Memorial High School Baseball Camp. I know of no mental or physical conditions, which might affect my child's ability to safely participate in the camp. I have notified the camp instructors of any physical ailments my child has experienced of which they should be aware.

I \_\_\_\_\_ understand the waiver. Signature: \_\_\_\_\_

### **Contacts in case of emergency:**

1. Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone : \_\_\_\_\_

Work Phone: \_\_\_\_\_

2.Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone : \_\_\_\_\_

Work Phone: \_\_\_\_\_