

Northstars Baseball Camp Registration Form

Registration is offered online through the Town of Clay Recdesk at:

<https://townofclay.recdesk.com/Community/Home>

or you can mail registration and full payment to:

Town of Clay Recreation Office

4401 State Route 31

Clay, New York 13041

Name of Player

Age

Address

(e-mail address)

City

State

Zip Code

Registering _____ Player(s) for Session 1:

(Checks payable to Town of Clay Northstars Baseball Camp)

Position – Pitcher, Catcher, Infielder, Outfielder (Circle position(s) played)

Youth or Adult T-shirt size: YS, YM, YL, AS, AM, AL, AXL

Town of Clay Recreation and Human Resource – Youth Permission Waiver

I understand participation in the Town of Clay Northstars Baseball Camp may involve rigorous physical activity and risks of physical injury, and we assume these risks. I hereby give consent for emergency transportation and medical treatment in the event of illness or injury. I hereby accept responsibility for the payment of any emergency transportation or medical treatment on behalf of the participant. I further certify that the participant is in good physical condition, and has no medical or physical conditions that would restrict his/her participation in the Town of Clay Northstars Baseball Camp.

(Parent/Guardian Signature): _____ on this (Date) _____, 2020 does hereby covenant and agree to release and hold harmless the Town of Clay and/or Kevin Rockwell, Director of the Town of Clay Northstars Baseball Camp from and against all liability, loss, damages, claims, or actions (including costs and attorney fees) for bodily injury and/or property damage while at camp or arising from travel to and from camp, to the extent permissible by law arising out of participation in the Town of Clay Northstars Baseball Camp during July 13th – July 17th, 2020.

Pictures and other materials, which may include my child, may be used for Town of Clay promotional purposes. There is no medical insurance carried by the Town of Clay for program participants. REFUNDS IN FULL MAY BE GIVEN ONLY 48 HOURS IN ADVANCE OF PROGRAM START

Child's Name: _____ Date of Birth: _____ Age: _____ Grade Entering: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone #: _____ Work # _____ Pager/Cell: _____

Medical/Allergy History: _____

Additional Person/Phone # to contact in emergency: _____ Check/Money Order #: