



Pitching for Excellence, LLC  
404-213-3913

## 2010 DHYS/Medlock Park Baseball Camp Registration Form

### CAMPER INFORMATION

_____		_____	
Last Name	_____	First Name	
_____	_____	_____	_____
Age as of 6/1/10	Date of Birth	T-Shirt Size	
Address _____			
_____	_____	_____	_____
City	State	Zip	
_____	_____	_____	_____
Home Phone #	Mobile Phone #	Work Phone #	
_____		_____	
Parent(s) / Guardian(s) Names		Email Address	
_____		** All camp confirmations will be sent via email. **	
_____		_____	
Alternate Contact Name		Alternate Contact's Phone #	

### 2010 DHYS/MEDLOCK PARK CAMP DATES

Camps are open to ages 5-12 & 13-18. They last from 9:00 a.m. until 2:00 p.m. each day.

Please check the week(s) of attendance and mail completed registration forms along with payment of **\$185 per player** to:

- June 7 – June 11**
- June 14 – June 18**

**Pitching for Excellence**  
2113 S Akin Drive  
Atlanta, GA 30345

### CONDITIONS OF ATTENDANCE

In consideration of Pitching for Excellence, LLC allowing my child to attend, I, individually, and as legal guardian and/or parent of \_\_\_\_\_ (my child) do hereby release, indemnify, and hold harmless Pitching for Excellence, LLC and its owners, directors, officers, employees, agents, successors and assigns for and against, and waive any and all claims or liabilities for any injuries, losses, or damages including without limitations, injuries to my child, myself, and/or property, arising out of or incident to my child's participation in the Pitching for Excellence, LLC program whether caused in whole or in part by the negligent act(s) or omission(s) of its owners, directors, employees, or agents. **I hereby authorize staff of Pitching for Excellence, LLC to act for me according to their best judgment in a medical emergency for my child.**

\_\_\_\_\_  
Signature of Parent / Guardian

\_\_\_\_\_  
Date

### INSURANCE INFORMATION

Policy Holder's Name \_\_\_\_\_  
Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_  
Medical Notes \_\_\_\_\_