



DATE: JANUARY 21, 2018 TIME: 9:00-12:00 P.M. (8:30 a.m. check-in)

Space is limited to the first 63 participants.

****PLEASE BRING THIS FORM TO THE CHECK-IN TABLE ON DAY OF CAMP****

Player Name: _____

Guardian Name: _____ **Number:** _____

Emergency Contact: _____ **Number:** _____

Player Shirt Size (circle one): **S** **M** **L** **XL**

Age Group: (check one)

- Farm** 21 spaces available
- AA** 21 spaces available
- AAA/Majors** 21 spaces available

Favorite Positions: _____

Lunch: (check one)

- Hot Dog**
- Hamburger**
- Cheeseburger**

Players are responsible for the following:

- Proper baseball shoes and attire
- Glove, Bat and Helmet
- Water/Gatorade

I give my consent for my child, _____, to participate in the 2018 LGLL Baseball Camp. I understand that the camp will be adult supervised. I waive and release any and all rights and claims against LGLL, the SCU Broncos and any persons affiliated with this camp.

Signature of Parent/Guardian