



BOOT CAMP REGISTRATION FORM

CAMP DATE: Saturday, JANUARY 21ST TIME: 10-3
LOCATION: CROSBY SPORTS ASSOCIATION

Childs name _____ Birthdate _____ Age _____

Parent(s)/guardian(s) Name(s) _____

Address _____

Email Address _____

Phone number _____

T-Shirt Size (Circle One) - YTH-S YTH-M YTH-L S M L XL

Emergency Contact

Name _____ Relation _____ Phone _____

I hereby certify that my child is in good health and has my permission to participant in LoneStar Baseball Academy's Boot Camp. I also give my permission for my child to receive any diagnostic, therapeutic and/or operative procedures as deemed necessary if emergency treatment is required and I cannot be reached. Also, I realize that this sport involves the potential for injury even with the use of protective equipment and adhering to all safety rules. I agree to indemnify and hold harmless LoneStar Baseball Academy and all staff from and against any and all liability.

_____ Parent /Guardian Signature

I agree to allow the use of my child's photograph for program publicity on LoneStar Baseball Academy's website or future informational marketing material.

_____ Parent/Guardian Signature

**PLEASE REGISTER AND PAY BY CREDIT CARD AT WWW.LONESTARBAT.COM
OR REMIT REGISTRATION FORM AND PAYMENT TO:**

JOHN SWINNEY-281-615-1502 OR JSWINNEY1049@COMCAST.NET

(MAKE CHECK PAYABLE TO LONESTAR BASEBALL ACADEMY)

FOR Questions: Heather Sampson @ 713-503-1229

WHAT TO BRING

BAT, GLOVE, HELMET, SACK LUNCH AND THE DESIRE TO

LEARN AND HAVE FUN!

FOR OFFICE USE ONLY

DATE PAID _____ CASH OR CHECK