

CLINIC MEDICAL RELEASE/WAIVER

I certify that my child has permission to participate in the baseball camp at Geneva College. He/she has been examined by a doctor in the last year and has been cleared to play the sport. I have health insurance. In the event of an injury, I wish to be contacted before treatment. If I cannot be contacted, I authorize Geneva College, the camp directors, or their agents to obtain reasonable emergency treatment. I absolve Geneva College, the camp directors, and their agents of any liability or judgments that are a result of my child's misconduct or negligence. I have read and understand this waiver.

PARENT/GUARDIAN _____

SIGNATURE _____

DATE _____

DAYTIME PHONE _____

HOME PHONE _____

CELL PHONE _____

INSURANCE COMPANY _____

POLICY # _____

ALTERNATE CONTACT _____

PHONE _____

Please advise of special health conditions
(attach separate sheet)
Insurance is not provided through the clinic.

Send this form to:
Alan Sumner
Geneva College
3200 College Avenue
Beaver Falls, PA 15010



Department of Athletics
3200 College Ave.
Beaver Falls, PA 15010

Geneva College Baseball

Winter Camp 2010



WHAT WILL YOU LEARN AT THIS BASEBALL CAMP?

- Pitching
- Hitting
- Outfield
- Infield
- Catching

BASEBALL CAMP

February 6, 13, & 20
9:00 a.m. – 12:00 noon
Metheny Fieldhouse

Boys & Girls ages 7-18

FEATURES

- Winter Baseball Camp T-shirt
- Quality instruction from Geneva College Baseball Coaches & players
- Use of Geneva's indoor facility

WHAT TO BRING

- Clean pair of shoes to train in
- Baseball Glove
- Bat

COST: \$70.00 per person

A \$5/per person discount will be given when more than one child from the same family attends.

REGISTRATION

Online:
www.geneva.edu/object/baseball_camp

Phone:
724-847-6647

Paper:
Attached form

Registration deadline is February 1.

For more information, contact
Alan Sumner, Head Coach
724-847-6647
awsumner@geneva.edu

CAMP REGISTRATION FORM

Complete this form and send it to the address below. Make checks payable to *Geneva College Baseball*.

NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

PHONE _____

EMAIL _____

SCHOOL _____

AGE _____ GRADE _____

T-SHIRT SIZE (circle one)

S M L XL XXL

(T-shirts are adult sizes)

PARENT(S) NAME _____

PARENT(S) PHONE _____

(Be sure to complete both sides of this registration form.)

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Geneva College
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Beaver Falls, PA 15010