



**CHRISTMAS BREAK YOUTH BASEBALL CAMP REGISTRATION/WAIVER
FORM**

Name: _____ Age _____ Email: _____

Address: _____ Phone: _____

PARENT'S CONSENT

The participant is in good health and able to participate in the physical activity of a vigorous program. The camp has my permission to provide emergency medical care in the event my child is injured or ill. I also release the camp director, staff, and Olivet Nazarene University from any liability.

Parent Signature: _____ Date: _____