



Camp Registration Form 2010

- March 27: Catcher's Camp @ Cardinal O'Hara HS
- July 12-16: Tonawanda, NY @ Cardinal O'Hara HS

Camper's Last Name _____ First _____

Age _____

Parent's Last Name _____ First _____

Home Phone _____

Street Address _____

Cell-phone _____

City _____ State _____ Zip _____

Work-phone _____

Camper T-Shirt Size: Please circle Youth (Y) or Adult (A) T-shirt
YL AS AM AL AXL

Email address _____

Emergency Contact _____

Phone # _____

Family Doctor _____

Phone # _____

Preferred Hospital _____

Phone # _____

Please note any Medical Condition/Allergy:

PLEASE READ & SIGN

MEDICAL WAIVER

My child has had an athletic physical within the current year and has my permission to attend Gold Glove Baseball Camp. In case of an accident or any medical emergency, and if I, my spouse, or emergency contacts cannot be located, I authorize the Gold Glove Baseball Camp Staff to call my child's physician to arrange for medical and/or surgical care. I understand that the Gold Glove Baseball Camp Staff cannot be responsible for accidents and that I will be financially responsible for all costs of medical treatment.

Signature of Parent/Legal Guardian _____

Date _____

Negative Covenant-Hold Harmless Agreement

For valuable consideration, including acceptance of my child/ward as a camper by Gold Glove Baseball Camp LLC, I, for myself and my child/ward covenant and agree that neither my child/ward nor I, nor our respective heirs and our/legal representatives will institute any action or suit or institute, prosecute or in any way aid in the institution or prosecution of any claim, demand, or cause of action for damages or compensation against Gold Glove Baseball Camp LLC of their respective officers, directors, employees and agents, by reason of damage, loss, or injury to person or property arising out of my child/ward's attendance at the camp/clinic.

My child/ward and I, our respective heirs and legal representatives, jointly and severally, will indemnify and save harmless those entities and persons from all liability, cost and expense whatsoever in connection with such claims.

Signature of Parent/Legal Guardian

Date

ADDITIONAL REGISTRATION INFORMATION

Summer Camp: \$160 per camper per session - \$20 per camper sibling discount, additional \$10 discount per camper if registration is postmarked before April 30, 2010.

A full refund will be issued if not fully satisfied with the camp. A completed application with signed Medical Waiver and Hold-Harmless Agreement is required to be on file for each camper.

Campers who apply for already full sessions will be notified and placed on a waiting list. Checks can be made out to **Gold Glove Baseball Camp LLC** - your canceled check is your receipt and confirmation of registration.

Please mail this completed form to: Gold Glove Baseball Camp
40 Chapel Drive
Pittsburgh, PA 15237

Forms can be faxed to: 412-318-0138

Questions can be answered by calling: 412-318-0138

Emails can be sent to: director@goldglovebc.com

Please visit our camp website: www.goldglovebc.com