



ATHLETIC INITIATIVE ROCK DA BAT SPRING CAMP REGISTRATION FORM

DIVISION: NCAA (8-10) <input type="checkbox"/> MINORS (11-14) <input type="checkbox"/> THE SHOW (15-18) <input type="checkbox"/> Gender: M/F		
Player:	Birth Date:	Age on 4/1/15:
Street:	City:	Zip:
Main Phone #:	Email:	
Parent/Guardian Name:	Phone:	
Parent/Guardian Name:	Phone:	
Email:		
<i>Sibling discount \$50 for add. players</i> Sibling <input type="checkbox"/> School:		
Early drop? 8:00am Yes <input type="checkbox"/> No <input type="checkbox"/> Late Pick Up? 4:30pm Yes <input type="checkbox"/> No <input type="checkbox"/>		
Registration is \$250 for a regular day. \$300 for Early drop and/or Late pick up.		
Restrictions(ifany):		
Present league/team playing in:		

I, the parent or legal guardian of the above registered child, hereby give approval for his/her participation in any and all activities of Athletic Initiative during the Spring Break camp. I hereby release and hold harmless from any and all liability or claims for damage or injury to person or property of the named child arising from or due to participation in said activity of any act or omission caused by Athletic Initiative organizers, supervisors, volunteers, participants, or conditions of the property. I likewise release from any responsibility any person transporting my child/children to or from any of their activities. More specifically, I understand that participation in sports activity entails risk of personal injury and I knowingly assume risk in consideration of the opportunity to participate in the program. It is mandatory that Athletic Initiative have a signed authorization for emergency medical treatment for your child and your clearance that the player is in satisfactory physical condition to participate in these activities.

In the event of an injury or sickness during the course of camp activities, I authorize officials of Athletic Initiative to administer first aid and if necessary to transport my child to a duly licensed physician or hospital. I would prefer the physician listed below to be called; however if or when it is not possible, I authorize any licensed physician to administer emergency treatment

Signature of Parent or Legal Guardian: _____ **Date:** _____

Preferred Physician or Hospital: _____ **City:** _____ **Phone:** _____

If your child has a medical condition that you wish brought to the attention of the manager or coach, such that they will be aware of any potential symptoms and the appropriate response please here:

Emergency Contact Info

Contact Name: _____ **Phone:** _____ **Relationship:** _____

Payment and camp registration/waiver form may be turned in the first day of camp. Please RSVP to Rockdabat@athleticinitiative.org if you plan to do so. We need to plan the camp activities. Online payment registration is also available at www.athleticinitiative.org. There is a \$3.00 online fee.