



2018 EDGEWOOD ACADEMY YOUTH BASEBALL CAMP

- **LOCATION: EDGEWOOD ACADEMY 5475 ELMORE ROAD ELMORE, AL 36025**
- **DATES: MONDAY JUNE 25TH – WEDNESDAY JUNE 27ST**
- **TIME: 9 A.M – 12 P.M.**
- **AGES 5-12**
- **COST: \$75 PER CAMPER FOR THE WEEK - CHECKS PAYABLE TO EDGEWOOD ACADEMY**
- **CAMP T-SHIRT FOR EVERY PLAYER**
- **SNACKS PROVIDED EACH DAY**
- **CAMPERS WILL NEED TO BRING BASEBALL EQUIPMENT WITH TENNIS SHOES AND CLEATS**
- **PLEASE PRE-REGISTER OR RSVP PRIOR TO CAMP. FOR YOUR CONVENIENCE, PAYMENT MAY BE SUBMITTED PRIOR TO CAMP OR THE 1ST MORNING OF CAMP**

Mailing Address:
EDGEWOOD ACADEMY
ATTN: COACH DARRYL FREE
5475 ELMORE ROAD
ELMORE, AL 36025

Contact Information:
Cell: (706) 289-8588
Office: (334) 567-5102
Email: dfree@edgewoodacademy.org

We hope you will join us at the 2018 Edgewood Academy Youth Baseball Camp. During the camp you will also receive instruction from current and former collegiate baseball players as well as current Edgewood players. We look forward to a week of fun and learning and hope that you will be a part of it.

CAMPER INFORMATION

NAME: _____ **AGE:** _____ **T-SHIRT SIZE (YOUTH OR ADULT):** _____

ADDRESS: _____

GRADE: _____ **SCHOOL ATTENDING:** _____

PARENTS NAME: _____ **PHONE NUMBER:** _____

PARENTS EMAIL: _____

RELEASE, WAIVER OF LIABILITY AND COVENANT NOT TO SUE

For and in consideration of 2018 Edgewood Academy Youth Baseball Camp arranging for my child _____, to participate in the 2018 Edgewood Academy Youth Baseball Camp during the week of June 25-27, 2018. I hereby release and covenant not to sue Edgewood Academy, the employees, officers, members, and agents of each for all claims, demands, rights, and causes of action of whatever kind or nature, including but not limited to, negligence, arising from and by reason of any and all, known and unknown, foreseen and unforeseen, bodily and personal injuries, damage to property, and the consequences thereof, including death, resulting from my child's participation in or in any way connected with the aforementioned camp.

I understand that it is my responsibility to evaluate the condition of my child's health in relation to the demands of this camp. If uncertain, I will consult with a family physician. Further, I understand that Edgewood Academy does not provide health insurance for camp participants and that I am responsible for obtaining adequate insurance for the eventuality of any injury or illness to my child as a result of this camp.

I hereby certify that I am the parent or legal guardian of _____, and suffering under no legal disabilities, and that I have read the above carefully before signing.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this _____ day of _____, 2018.

Parent Signature _____ **Participants Name** _____

Emergency Contact _____ **Emergency Contact Number** _____