



**2019 LYNCHBURG BASEBALL YOUTH CAMP REGISTRATION AND MEDICAL
RELEASE FORM**

JUNE 10-13

DIAMOND RATS (5-6 Year Olds): 9AM-NOON

BASEBALL RATS: (7-13 Year Olds): 9AM-3PM

FOX FIELD ON THE CAMPUS OF UNIVERSITY OF LYNCHBURG

DIAMOND RAT: \$160

BASEBALL RATS: \$225

Register Online at www.lynchburgbaseballcamps.com

REGISTRATION FORM

Camper Name _____

Address _____

City _____

State _____ Zip _____

E-mail _____

Home phone () _____

Emergency Phone () _____

School _____

Current Grade ___ DOB _____ Age _____

Parents Names _____

Youth Team _____

**MAKE CHECKS PAYABLE TO: UNIVERSITY OF LYNCHBURG BASEBALL
CAMPS**

ATTN: LUCAS JONES

University of Lynchburg

Attn: Lucas Jones

1501 Lakeside Drive

Lynchburg, VA 24501

Medical Consent (for parent's signature)

I hereby state that my child is in good normal health, and has my permission to participate in all camp activities. In addition, I authorize the University of Lynchburg Baseball staff to act for me in securing medical treatment for my child in the event of injury and/or illness. Registration requires that a parent/guardian sign below to agree that in case of an accident involving their child while attending the Lynchburg College Baseball Camp release the camp, the ownership, the counselors, the directors, Lynchburg College, and The Commonwealth of Virginia from any and all liability.

Signature: _____ Date: _____

