



**2020 LYNCHBURG BASEBALL PROSPECT CAMP REGISTRATION AND
MEDICAL RELEASE FORM**

SEPTEMBER 19th

FOX FIELD ON THE CAMPUS OF UNIVERSITY OF LYNCHBURG

POSITION PLAYER or PITCHER ONLY: \$150

PITCHER AND POSITION PLAYER: \$200

Register Online at www.lynchburgbaseballcamps.com

REGISTRATION FORM

Name _____

Address _____

City _____

State _____ Zip _____

E-mail _____

Home phone () _____

Emergency Phone () _____

School _____

Current Grade ____ DOB _____ Age _____

Primary/ Secondary Position _____ / _____

Parents Names _____

GPA _____ SAT _____ ACT _____

HT _____ WT _____

HIT _____ THROW _____

**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. A registration requires that a parent/guardian sign below to agree that in case of an accident involving their child while attending a Lynchburg Baseball Camp, that they release the camp, the ownership, the counselors, the directors, University of Lynchburg, and The Commonwealth of Virginia from any and all liability. This consent also covers all risk assumed with COVID-19 and the pandemic.

Signature: _____ Date: _____