



FALL BASEBALL REGISTRATION FORM

Parents: This form must be filled out completely

Player's Name: _____

Parent's Names: _____

Age: _____ **Birthdate:** _____

School & Grade: _____

Address: _____

City: _____ **Zip:** _____

Home Phone: _____

Work Phone: _____ **Cell Phone:** _____

E-mail Address: _____

How did you hear about us? _____

I hereby authorize the staff of Future Prospects Instructional Baseball Camps to act for me in their best judgment in any emergency requiring medical attention. I HEREBY WAIVE AND RELEASE THE FUTURE PROSPECTS INSTRUCTIONAL BASEBALL CAMPS FROM ANY AND ALL LIABILITY FOR ANY INJURIES OR ILLNESSES INCURRED WHILE PARTICIPATING. I have no knowledge of any physical impairment that would be affected by the above –names player's participation in the program.

In addition, I hereby give permission for Future Prospects Baseball Camps, Camp Director, Charles Scott to use photos taken of my child while attending camp. These photos may be used for website advertising and other electronic forms of communication. Future Prospects Baseball Camps assigns and licensees, all personal rights to any use to be made of me, my name or my statements in connection with the use of photography containing me or my child's picture.

Signature of Parent or Guardian: X _____

Date: _____

SEND ATTACHED REGISTRATION FORM WITH CHECK PAYABLE TO:

**Future Prospects Instructional Baseball Camps
Charles Scott
PO Box 5143
Novato, CA 94948-5143**

For more information contact Charles Scott: 415-382-1938