# Salve Regina University Baseball Camp

## Ages 5-12

Date: July 6th - 10th
Time: 8:30 am – noon
Location: Lawn Avenue Baseball Fields
Cost: $80.00
Instructor: Salve Coach Steve Cirella and Salve Baseball Team

_____ _____ _____
First Name Last Name Age**(as of 7/14/08)**

_____ _____
Parent/Guardian Email

_____ _____
Street Address Phone Number

_____ _____
Emergency Contact Person Other Than Person Above Phone Number

Medical Information

Is there any medical condition or allergy that the Recreation Department should be made aware of prior to your child's participation in this program?

____YES IF YES_____
(Please specify)

____NO

**Baseball Camp**
**WAIVER OF LIABILITY FORM**

For participants in the Jamestown Recreation Department Baseball Camp: In accordance with Section 7-6-9 of the Rhode Island General Laws (entitled "Exemption from Liability to Participants in Sponsored Athletic or Sports Events") I hereby waive any liability that the Jamestown Recreation Department Baseball Camp, its officers, directors, trustees, agents, servants, or employees might have for, and agree that said association, its officers, directors, trustees, agents, servants, or employees shall not be liable for any bodily to my child while participating in the Baseball Camp, sponsored by the Jamestown Recreation Department. I realize that the Town **does not** provide medical insurance and that any injuries incurred would be my/our responsibility.

_____
Signature of Parent/ Legal Guardian

**Please make checks payable to Jamestown Parks and Recreation**
**Mail to: Parks and Recreation Registrations, PO Box 377, Jamestown RI 02835**