

**2008 Yuba-Sutter Gold Sox
Baseball Camps
College Prospect Camp - Registration Form
June 17 - 18, 2008**



GENERAL INFORMATION

Player's name _____ Age _____ Ht/Wt _____ / _____
 Mailing Address _____
 City _____ State _____ Zip _____
 Home Phone _____ Email Address (for confirmation) _____
 Date of Birth _____ T-Shirt Size (Adult Sizes Only) _____
 Primary Position _____ Secondary Position _____ Bat/Throw _____
 High School _____
 Current GPA _____ Total SAT Score _____ Graduation Year _____
 H.S. Coach _____ Phone: _____
 Summer Coach _____ Phone: _____

Payment Options: (check one)

- Enclosed is a check in the amount of \$195.00. Please make checks payable to: **Yuba-Sutter Gold Sox**
 Credit card payments accepted - Please call the Gold Sox Office at 530-741-3600

Mail this form and check to: Yuba-Sutter Gold Sox, 429 10th Street, Marysville, CA 95901

EMERGENCY HEALTH INFORMATION

Parent #1 Name: _____ Daytime Phone: _____
 Parent #2 Name: _____ Daytime Phone: _____
 If Parent or Guardian cannot be reached, contact: _____
(Name) (Phone)
 Family Physician: _____ Phone: _____

MEDICAL HISTORY (Explain thoroughly to any "Yes" responses)

Any medical conditions currently under treatment? _____
 Any asthma and/or allergies? _____
 Medical Insurance Company: _____ Policy Number: _____

MEDICAL INFORMATION & AUTHORIZATION TO PARTICIPATE - REQUIRED FOR ADMISSION!

_____ has been examined within the last 12 months and no medical reason has been found that he/she cannot participate in this camp. His/her records show that all immunizations are up to date. Date of last tetanus and diphtheria immunization _____. (If more than ten years ago, a booster is recommended). I agree that in case of an accident involving my child while attending this camp and with full awareness that baseball/softball is an activity that may involve risk of injury. I release the Yuba-Sutter Gold Sox, Yuba-Sutter Community Baseball, Inc. and The City of Marysville from any and all liability for any injuries or illnesses incurred while at camp. In case of emergency, I give permission to the appropriate summer camp personnel to have my child properly transported to a medical facility for care. I understand that the Yuba-Sutter Gold Sox, Yuba-Sutter Community Baseball, Inc. and The City of Marysville do not provide medical insurance and that I will be responsible for all medical expenses incurred. I also hereby consent to any treatment, surgery, diagnostic procedures or the administration of anesthesia, which may be carried out based on medical judgment of the attending physician.

PARENT/GUARDIAN SIGNATURE

DATE