



2024 GENESEE RAPIDS ADVANCED SKILLS BASEBALL CAMP

Ages 12 - 18

(Players under 12 may attend a tryout to determine eligibility)

Wednesday, July 10 - Friday, July 12

8:30-3:30pm.

8:30-12:30pm

Houghton University Baseball Field, Houghton, NY

REGISTRATION FORM

One registration form / student must be signed by parent / guardian and accompany payment of \$100 / student

(Some scholarship \$ is available, request special form, limit one per family)

Please send completed Registration Form to:

Genesee Rapids Baseball, PO Box 32, Houghton, NY 14474

Telephone: 716-969-0688

**** Medical Release Form on back MUST be signed****

Student's Name: _____

Address: _____

City, State, Zip: _____

Home #/Cell#: _____

Emergency #: _____

Family email: _____

Date of Birth: _____ Age: _____ Male _____ Female _____

Name(s) of Parent(s) Guardian(s): _____

Primary Position played: _____ Secondary Position: _____

Level of play: High School _____ (grade) _____ Middle School _____ (grade) _____

Little League: Major _____ Minor _____ Other _____ please specify

of years total in Little League _____

All Star Team Experience - Yes _____ No _____ # of years _____

Travel Team Experience - Yes _____ No _____ # of years _____

T-shirt Size (circle size): Youth M L XL Adult S M L XL

Does this student have any allergies?: _____

If yes, please list: _____

Does this student take any medications?: _____ If so, please list: _____

Does this student have special needs of any kind, whether emotionally, physically, or socially that may limit their participation?: _____. If so, please list: _____

Medical Release:

Release of liability: By signing this permission /waiver form, I expressly warrant that the student named is capable of withstanding both the physical and mental demands of the activities discussed. I also expressly assume all risks of the student participating in the activities, whether such risks are known or unknown to me at this time. I further release the Genesee Rapids Baseball Organization (GRBO) and its leaders, employees, volunteers, and agents from any claim that my child may have or that I may have against them as a result of injury or illness incurred during the course of participation in the activities. This release of liability shall include (without limitation) any claims of negligence or breach of warranty. This release of liability is also intended to cover all claims that members of the student's or my family or estate, heirs, representatives or assigns may have against the Genesee Rapids Baseball Organization or its leaders, employees, volunteers or agents. I further agree to indemnify and hold harmless the GRBO and its leaders, employees, volunteers or agents from any and all claims arising from my participation in it activities and programs or as a result of injury or illness of my student during such activities.

First Aid and Emergency Medical Treatment: I do hereby give permission for agents of GRBO to seek and secure any needed medical attention or treatment for the named student on this form, including hospitalization. In doing so, I agree to pay all fees and costs arising from this action to obtain medical treatment.

I represent that I am the parent / guardian of the named student. I have read the above permission / waiver form and am fully familiar with the contents thereof. I give permission for the named student to participate in the activities of GRBO, including any special events / activities described above. In consideration for allowing the participation of the named student in these activities, I hereby consent that this permission / waiver form shall be binding upon me, my family, heirs, legal representatives, successors and assigns.

Parent / Guardian signature: _____

Date: _____