



2026 GENESEE RAPIDS SUMMER BASEBALL CAMP (AGES 6–16)
Houghton University Baseball Field, Houghton, NY
July 7, 8, and 9
9:00–noon

REGISTRATION FORM

One registration form per child: must be signed by parent or guardian and include payment of \$80 per child. Please send completed Registration Form to

*Genesee Rapids Baseball
P. O. Box 32
Houghton, NY 14474
Telephone: 585-365-5439*

**** Medical Release Form on the next page MUST be signed ****

Child's Name: _____

Address: _____

City, State, Zip: _____

Home #/Cell #: _____

Emergency #: _____

Family e-mail: _____ Date of

Birth: _____ Age: _____ Boy _____ Girl _____

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

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

Does this child have any allergies? _____

If yes, please list: _____

Does this child take any medications? _____

If so, please list: _____

Does this child have special needs of any kind, be they emotional, physical, or social, that may limit the child's participation? If so, please list: _____



Medical Release

Release of liability: By signing this permission/waiver form, I expressly warrant that the child named is capable of withstanding both the physical and mental demands of the activities discussed. I also expressly assume all risks of the child participating in the activities, whether or not 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 child'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 our participation in its activities and programs or as a result of injury or illness of my child 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 child named 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 or guardian of the named child. I have read the above permission/waiver form and am fully familiar with the contents thereof. I give permission for the named child to participate in the activities of GRBO, including any special events/activities described above. In consideration for allowing the participation of the named child in these activities, I hereby consent that this permission/waiver form shall be binding upon me and my family, heirs, legal representatives, successors, and assigns.

Signature of Parent or Guardian _____

Date: _____