

**Return this form and payment to:**

Coach Eric Hallenbeck  
Garrett College  
687 Mosser Road  
McHenry, Maryland 21541  
301-387-3025

**Circle one**

Week camp (ages 6 - 12)

One day Pitching camp (ages 12 - 17)

**Name** \_\_\_\_\_

**Home Address** \_\_\_\_\_

**Home Phone Number** \_\_\_\_\_

**Emergency Contact Name** \_\_\_\_\_

**Emergency Phone Number** \_\_\_\_\_

**Age** \_\_\_\_\_

**Parent Authorization**

I hereby certify that I am the legal guardian of the minor child named on this registration form. My child is in good health except as noted in the GC Summer Camp Medical Information Form, and has my permission to participate in all of the activities of the Laker Baseball Camp. I authorize the Camp Staff to act on my behalf in securing medical treatment for my child in the event that such care becomes necessary. I agree to pay any and all expenses incurred in securing such medical treatment.

In consideration of my child's use of the facilities of GC and in being permitted to participate in the activities of GC Summer Camp Program, including but not limited to all athletic contests. And the use of related equipment and facilities; I hereby release and forever discharge GC, its officers, directors, agents, and employees from loss or damage to personal property and or loss or damage on the account of personal injury or death of my child, whether or not caused by negligence of GC while participating in the GC Summer Camp Program.

I have read and understand this release, and agree to assume the risk of personal injury, death or property damage due to the negligence of GC, its officers, directors, agents, and employees during the time that my child is participating in the GC Summer Camp Program. I further understand that by signing this agreement, I am releasing certain legal rights which I, or my child, may be entitled to in the absence of this release.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

I am enclosing \$ \_\_\_\_\_