

Participant Information

The parent or guardian must fill this form out prior to attending the camp. Please include this form with the proper camp fee amount. The Billings American Legion Program has devised this camp in an effort to improve Billings' athletes, enhance community interest and promote the benefits of enjoying America's favorite pastime - BASEBALL.

Participant's Age: _____

Participant's Name: _____ Grade: _____ School: _____

Address: _____ Phone: _____ City: _____

Zip: _____ Date of Birth: _____

T-Shirt Size (circle one)

Email: _____

Youth Medium Adult Small

Number of people attending BBQ (\$5 per person) _____

Youth Large Adult Medium

(Payable in advance or day of the BBQ)

Adult Large

Little League: _____ Team Name: _____

Credit Card Number: _____ Full Name on Card: _____

Billing Address (including zip): _____

Expiration Date: _____ 3-Digit CVS: _____

Parent's Consent and Release Form

The parent or guardian must fully complete and sign this form. Where the parents are divorced, a parent having legal custody that was established by a court must sign this form.

1. I/We have read and confirmed the above information and agree to allow my son/daughter to participate in the American Legion Baseball Camp.
2. I/We understand and acknowledge and appreciate the risks and dangers involved in allowing our son/daughter to participate in the American Legion Camp and I/We assume all risks of injury and damage incident to his/her participation in the American Legion Camp. I/We further in consideration of the privilege to attend this camp, **hereby release and relinquish The American Legion Program, its officers, agents, their representative, employees, and officials of and from all claims, demands, actions and cause of action of any sort, for any injuries sustained by our son/daughter.**
3. **I/We release, discharge and agree not to sue the American Legion Baseball Programs. I/We further agree I/We shall hold harmless and fully indemnify The American Legion, its officers, employees or any person connected with the team, its agents, coaches, and managers.**

Finally, I/We agree in the event of illness or injury to my son/daughter during the American Legion Baseball Camp I/We hereby give consent for the performance of such diagnostic, medical and/or surgical treatment on my child as may be deemed medically necessary in order to assure the safety of my child.

Date: _____

Signature: _____ Relationship: _____

Participant's Signature: _____ Emergency Phone: _____

Family Physician & Phone: _____ Hospital Preference: _____

Medical Insurance Company & Policy #: _____

**Mail this form with credit card information or a check made payable to Billings Scarlets Booster Club to:
Troy Tallman 6344 Ridge Stone Drive N. Billings, MT 59106**

***For more information contact Troy at 570-3368 or scarletsboosters@gmail.com
Registration must be received by May 9, 2018 to guarantee a shirt.***

www.billingsalbaseball.org