

**Thomas County Central Baseball Camp**  
**Boys ages (7-14)**  
**Price: \$50**  
**Make Checks Payable to: TCCHS Baseball**

**Please Print this page, fill out both the Registration and Consent Form and turn in with your check. \*In order to guarantee a t shirt please turn in by May 15, 2014.**

Name of Participant \_\_\_\_\_ Age \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Preferred Positions: \_\_\_\_\_

Legal Guardian(s) \_\_\_\_\_

Phone: \_\_\_\_\_ Email \_\_\_\_\_

T-Shirt size (circle one): YS   YM   YL   Adult S   Adult M   Adult L   Other:

Any Medical Conditions that we should be aware of:

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**2014 RELEASE AND WAIVER OF LIABILITY**  
**Thomas County Central High School Baseball Camp**

**(Please read carefully before signing)**

The undersigned hereby acknowledges that participation in this baseball camp/baseball games could be a risk of physical injury, and the undersigned, on behalf of the participant, hereby assumes all such risk and does hereby release and forever discharge the parent volunteers as well as Thomas County Schools thereof from any and all liability of whatever kind of nature, arising from and by reason of any and all known and unknown, foreseen and unforeseen bodily and personal injuries, damage to property, and the consequences thereof, resulting from this participant in or involvement with this baseball camp.

Printed Name of Participant \_\_\_\_\_

Signature of Participant's Legal Guardian \_\_\_\_\_

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

Date \_\_\_\_\_