



The Tom Gordon Winter Baseball Camp Registration Form

CAMPER'S INFORMATION (Please Print Clearly)

_____	_____	_____	_____
LAST NAME	FIRST NAME	PREFERRED NAME	
_____	_____	_____	_____
ADDRESS	CITY	STATE	ZIP
_____	_____	_____	_____
HOME PHONE	CELL PHONE	EMAIL ADDRESS	
_____	_____	_____	_____
AGE	SEX	BIRTHDATE	
_____	_____	_____	_____
HEIGHT	WEIGHT	T-SHIRT SIZE	

PARENT/GUARDIAN CONTACT INFORMATION:

_____	_____	_____	_____
PARENT/GUARDIAN		RELATIONSHIP	
_____	_____	_____	_____
ADDRESS	CITY	STATE	ZIP
_____	_____	_____	_____
HOME PHONE	CELL PHONE	EMAIL ADDRESS	
_____	_____	_____	_____
EMERGENCY CONTACT		RELATIONSHIP	
_____	_____	_____	_____
ADDRESS	CITY	STATE	ZIP
_____	_____	_____	_____
HOME PHONE	CELL PHONE	EMAIL ADDRESS	

PERMISSION

I hereby give permission for my child or ward to participate in all activities of The Tom Gordon Winter Baseball Camp during the days he/she is scheduled to attend.

INDEMNIFICATION & RELEASE

For and in consideration of permission granted to my child or ward to participate in The Tom Gordon Winter Baseball Camp activities, I hereby release and discharge Tom Gordon, Fulton County Government ,(enter all involved here), employees, and their agents, from all claims which I or my child have or claim to have, for all personal and property injuries, knowing or unknowing, caused by, during or arising out of the program, and I further agree to indemnify and hold harmless, Tom Gordon. and his agents against any such claims.

I acknowledge that I am authorized and competent to execute this information, Permission, Indemnification and Release Form, and that I have read and understand all of these terms. I execute it voluntarily and with full knowledge of its significance.

PARENT/GUARDIAN SIGNATURE

DATE