

# FUNDAMENTAL BASEBALL CAMPS

## WINTER 2014 ENROLLMENT FORM



Name \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_

Girl / Boy \_\_\_\_\_ Bat (R/L) \_\_\_\_\_ Throw (R/L) \_\_\_\_\_ Shirt Size \_\_\_\_\_  
(YM/YL/ S/M/L)

Parents' Name (s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

School \_\_\_\_\_ Baseball League \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Alternate Phone ( ) \_\_\_\_\_

E-Mail Address \_\_\_\_\_

### PLEASE SIGN ME UP FOR:

Two Day Mini Camp: (\$95.00) \_\_\_\_\_  
January 2nd & 3rd  
9:00-11:30 AM

Two Day Hitting Clinic: (\$60.00) \_\_\_\_\_  
January 2nd & 3rd  
12:30-2:00 PM

Private Lesson : (\$40.00) \_\_\_\_\_ (Call for Appointment)  
Circle One (Pitching, Hitting, Catching or Fielding)

Please Return to:  
Jeff Henderson  
Fundamental Baseball Camps  
P.O. Box 6544  
Altadena, CA 91003

ENCLOSED IS A CHECK/CASH FOR \$ \_\_\_\_\_  
Please make checks payable to: JEFF HENDERSON  
(Your returned check will be your receipt)

**For Further Information, Please Call : (626) 398-8634**  
**[www.FundamentalBaseballCamps.com](http://www.FundamentalBaseballCamps.com)**

### Medical Waiver and Photo Release

I the parent/guardian, do irrevocably and personally release, hold harmless and forever discharge, Jeff Henderson, and all employees of Fundamental Baseball Camps from all claims, causes of action, or liability of every kind which I may have in the future against, Jeff Henderson, and all employees of Fundamental Baseball Camps by reason of any injury to person or property, in connection with the participation of my daughter/son in the Fundamental Baseball Camps.

I hereby register my child in the Fundamental Baseball Camps Holiday Instruction. I know of no mental or physical problems which may affect his/her ability to safely participate in this camp. I authorize the camp staff to attend to any health problem or injury my child may incur while participating in the camp. I hereby release and hold harmless Jeff Henderson and all employees of Fundamental Baseball Camps from any and all liability that may arise out of my child's participation in the camp. I acknowledge that I am responsible for any and all medical expenses due to my child's illness and/or injury.

I hereby give Fundamental Baseball Camps my permission to use pictures of my child taken during camp in any future advertising or on the FBC website.

Known allergies or medical conditions: \_\_\_\_\_

My child is covered by:

Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

Doctor's Name \_\_\_\_\_

Doctor's Phone \_\_\_\_\_

SIGNATURE OF PARENT OR LEGAL GUARDIAN: \_\_\_\_\_

DATE: \_\_\_\_\_



**Limited Enrollment Sign Up Today!!!**



\*To ensure camp t-shirt and additional camp wear, please register and place orders two weeks prior to camp/clinic dates.