

ENTERPRISE OZARK COMMUNITY COLLEGE
2009 BASEBALL ACADEMY
Registration and Parental Consent Form

Enterprise Ozark Community College
Office of Continuing Education
PO Box 1300
Enterprise, AL 36331

Please print and complete. Return with payment to the Office of Continuing Education.
Makes check payable to **EOCC Baseball**

Direct questions to Coach Tim Hulsey Office 347-2623 ext 2291 or Cell 447-1319

Name _____ Age _____ Birthdate _____

Address _____ Email _____

Parent(s) _____ Contact Numbers: _____

T Shirt Size S M L XL Other _____

Any Medical Conditions? _____

Check Session Attending: Cost is \$100 per session

__ Week 1 June 1st-4th

__ Week 2 June 8th-11th

__ Week 3 June 15th-18th

__ Week 4 June 22- 25th

__ Week 5 June 29th-July 2nd

CONSENT FORM

I hereby permit my child to participate in the Baseball Academy offered by EOCC Baseball. By the execution of this release, I acknowledge and agree that all requirements, directions, supervision, and standard set by the coaches for this program shall be established for his benefit. I hereby voluntarily assume all risk of accident or injury to my child which may arise out of his participation in this program, hereby intending to release Coach Tim Hulsey and personnel associated with this program from liability that may result from his participation. In addition, I hereby give my permission for emergency medical treatment in the event that I cannot be reached.

Print Camper's Name _____

Parent/Guardian Signature _____ Date _____

Emergency Phone/s _____

Insurance Carrier _____ Policy Number _____