

Name: _____

Address: _____

Age: _____ Phone: _____

In Case of Emergency Contact:

Name: _____

Phone: _____

T-Shirt Size:

Child: L Adult: S M L XL XXL

Parental Permission:

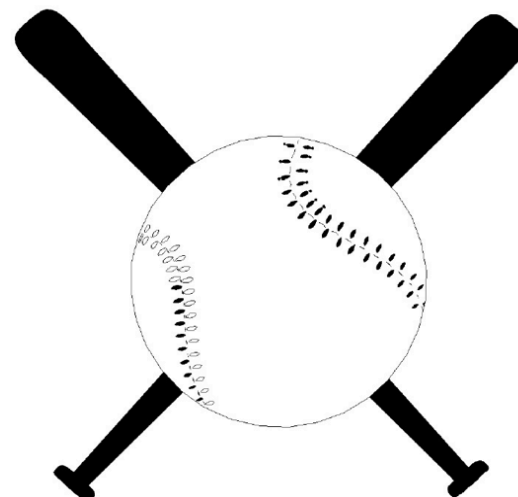
I _____ hereby authorize the directors of the Patriot Baseball Camp to act for me according to their best judgement in any emergency requiring attention for my son, _____. I hereby waive and release from any and all liability the Patriot Baseball Camp, its staff, and Oakland High School. There are not undisclosed mental or physical problems that will effect my son's ability to safely partiipate in this camp.

Parent or Guardian

Date

**Oakland
High School
Patriots
Baseball Camp**

June 17th - 19th



1999 and 2000

AAA

State Champions