



## 2021 ECBSA CAMP REGISTRATION FORM

*Return with payment*

**SELECT CAMP(S):**

- Winter Hitting League** (ages 8-18) \$100 → March 7, 14, 21, 28 – 2-4pm
- 20<sup>TH</sup> Annual Pre-Season Baseball Pitching Camp** (ages 8-18) \$125 → March 7, 14, 21, 28 – 10am-12:30pm
- Sunday Softball Camp** (ages 8-18) \$100 →  
Session 1: February 21, 27 March 7, 14 – 5-7pm  
Session 2: March 21, 28 April 11, 18 – 5-7pm
- Little Sluggers Baseball Camp** (ages 4-8) \$100 → March 8, 11, 15, 17, 22 – 5:30-7:30pm
- Pre-Season Little League Camp** (ages 8-12) \$125 → March 7, 14, 21, 28 – 6-8pm

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ D.O.B. \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_

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

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

Bats: L / R / S    Throws: L / R    Primary Fielding Position: \_\_\_\_\_    Secondary: \_\_\_\_\_

Total Price: \$ \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

*I do hereby voluntarily consent to examination and emergency service treatment, including the administration of such drugs, infusion and/or transfusion of blood components deemed necessary in the judgment of the physician(s) and whoever may be delegated as assistants of the medical staff or nearby hospital. I certify that I have read and fully understand the consent given herein. I also certify that no guarantee or assurance has been made as to the results that may be obtained. I also agree not to sue Electric City Baseball, LLC. The undersigned intends to be legally bound hereby.*

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Disabilities or Limitations      Authorized Signature      Date      Relationship

Your email address (required for confirmation): \_\_\_\_\_