

Please complete and return the following form with \$100 deposit for each camp

Made payable to: **KNIGHTS BASEBALL CAMP 2010**

**RUTGERS UNIVERSITY BASEBALL
83 ROCKAFELLER ROAD
PISCATAWAY, NJ 08854**

*****CHECK CAMPS ATTENDING*****

_____	Future Knights Camp (GRADES 7 & 8 ONLY), June 28-July 1.....	\$325
_____	Knights Players Camp (AGES 9-12 ONLY), July 5-8.....	\$325
_____	Hitters Camp (HIGH SCHOOL PLAYERS ONLY, GRADES 9-12), July 12-14.....	\$225
_____	Pitchers & Catchers Camp (HIGH SCHOOL PLAYERS ONLY, GRADES 9-12), July 19-21.....	\$225
_____	Infielders Camp (HIGH SCHOOL PLAYERS ONLY, GRADES 9-12), July 26-28.....	\$225
_____	High School Prospect Camp I, (CLASS OF 2013 and 2014 ONLY), August 9-12.....	\$350
_____	High School Prospect Camp II, (CLASS OF 2011 and 2012 ONLY), August 16-19.....	\$350

*****BALANCE IS DUE TWO WEEKS PRIOR TO THE START OF CAMP*****

REGISTRATION

Name _____

Address _____

City, ST, Zip _____

Phone (home) _____ (cell) _____

Primary Position _____ Grade _____ High School _____

Confirmation Email Address _____ T-Shirt size _____

I hereby authorize the Director of the Knights Baseball Camp to act for me according to his best judgment in any emergency medical situation.

Parent's Name _____

Parent's Signature _____ Date _____

MEDICAL INFORMATION

The following form is used to provide information to our medical staff in the event of a medical emergency. Please print and fill out the form neatly and fully. Submit it with your Application. **FORM MUST BE FILLED OUT WHEN RETURNED.**

Name

Parent/Guardian's name

Allergies

Present Medications

Relevant or recent illnesses or injuries

Emergency Contacts:

_____	_____	_____	_____
Contact 1	Relationship	Home phone	Cell phone

_____	_____	_____	_____
Contact 2	Relationship	Home phone	Cell phone

Required Medical Release (please check box)

Participation in any sport may cause physical injury sprains, strains, contusions, fractures, dislocations, ruptures, hernias, lacerations, concussions, and even death. In the event of an injury, I authorize the athletic trainer, nurses, doctors, and emergency personnel to administer First Aid or care as deemed necessary. We, the undersigned, for ourselves, our heirs, executors and administrators, waive, release and forever discharge The Knights Baseball camp at Rutgers, its staff, officers, agents, representatives, employees, successors, and assigns of and from any and all rights and claims for damages to person and property activities, or while at camp site.

Date Parent/Guardian Signature

*Rutgers, The State University is not responsible or liable for any of the activities in respect to the camp; the camp directors are independent contractors.

ENROLLMENT IS LIMITED, SO REGISTER EARLY. BALANCE WILL BE DUE TWO WEEKS PRIOR TO THE START OF CAMP.

ANY QUESTIONS, PLEASE CALL 732.445.7834 OR EMAIL BASEBALL@SCARLETKNIGHTS.COM