

Please complete the following form with enclosed check and return to:  
Knights Baseball Camp 2011- Hitting Clinic  
Rutgers University Baseball  
83 Rockefeller Road  
Piscataway, NJ 08854

**REGISTRATION**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, ST, Zip \_\_\_\_\_  
Phone (home) \_\_\_\_\_ (cell) \_\_\_\_\_  
Primary Position \_\_\_\_\_ Grade \_\_\_\_\_ High School \_\_\_\_\_  
Email Address \_\_\_\_\_

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. Camp rates may be pro-rated under extenuating circumstances.

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.

**THIS CLINIC HAS SOLD OUT THE LAST FIVE YEARS, SO BE SURE TO REGISTER EARLY!**  
**ANY QUESTIONS, PLEASE CALL 732.445.7834 OR EMAIL [BASEBALL@SCARLETKNIGHTS.COM](mailto:BASEBALL@SCARLETKNIGHTS.COM)**