



# Township of Tyendinaga Minor Baseball Kids Camp



First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Male or Female

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

Birth date: \_\_\_\_\_ Email: \_\_\_\_\_

Guardian # 1 \_\_\_\_\_ Phone Number: \_\_\_\_\_

Guardian # 2 \_\_\_\_\_ Phone Number: \_\_\_\_\_

## Camp Dates: Please check off what dates your child will be attending:

June 1st, 2019

June 8th, 2019

June 15th, 2019

June 22, 2019

**Cost is \$25.00 a day or \$90.00 for all 4.**

I hereby release the Township of Tyendinaga, volunteers and agents from all claims for damages arising from participation of the above person at any time during any program or in any facility or location where a program is held. I further authorize anyone, to obtain the necessary medical treatment for my child in the case of an emergency.

Signature of Parents/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

### For Office Use Only

Amount Received \$: \_\_\_\_\_ Received By: \_\_\_\_\_

Method: \_\_\_\_\_ Cheque \_\_\_\_\_ Cash \_\_\_\_\_ Debit \_\_\_\_\_ Date \_\_\_\_\_, 2019