



2019—Manhattan Mission Baseball Instructional Clinic



Child's Name: _____

Parent/Guardian Name(s): _____

Physical Address: _____

Mailing Address: _____

Phone Numbers:

Home: _____ Work: _____ Cell: _____

Email: _____

DOB: _____ **Last Grade Completed:** _____

Medical Information:

Medical or other information we need to know. (Please include food Allergies)

Emergency Contact:

Name: _____ Phone: _____

Name: _____ Phone: _____

Dismissal Information:

Who may pick up your child at the end of camp each day?

Other Information:

Do you attend church anywhere? Yes No If so, where?

May we have permission to photograph your child? Yes No

May we have permission to use your child's photos in church publications? Yes No

I GIVE MY PERMISSION FOR THE LEADERS OF THIS BALL CAMP TO SEEK EMERGENCY MEDICAL TREATMENT FOR MY CHILD/CHILDREN AS THEY DEEM NECESSARY. YES NO

 Signature of Parent or Guardian

Please note: All photos taken during this camp may used in our publications.