



“Get Sirious about Baseball”

Registration Form

Player Name _____ DOB _____
Address _____ CITY _____
Zip code _____ Telephone _____
Cellular _____ Email Address _____
School _____
Baseball Position _____ Bats L or R _____
Youth League (location) _____
Camp Date and Location _____
Any Physical disabilities _____ If yes please describe _____
Insurance Policy # _____ Company _____
Amount enclosed: \$ _____ Shirt size _____
Please make checks or money orders payable to : Sirious Baseball, 599 E. McGlincy Ln
Campbell, Ca 95008 – PLEASE INCLUDE THE CLIENTS NAME ON THE CHECK.

Medical Release

I authorize the physicians of local hospitals to treat the injury or illness for my son or daughter's welfare. I also authorize the staff of Sirious Baseball to act for me in an emergency for my son or daughter. I hereby waive and release the Sirious Baseball staff from any and all liability from any injuries or illnesses incurred going to the camp from home, while at camp, receiving private lessons or returning home from camp and or private lessons.

Signature of Parent or Legal Guardian _____