



Memorial Incoming Freshman Camp Application

Campers Name _____

Parent Last First

Name: _____

Last First

Address: _____

Street / Apt Zip code

Parent Email: _____

Birth date ____ / ____ / ____

Waiver:

I hereby authorize the directors of the Memorial High School to act for me in accordance with their judgment in any emergency requiring medical attention. I further waive and release Memorial High School and SBISD from liability for any damages from injuries and or illness sustained while participating in the Memorial High School Baseball Camp. I know of no mental or physical conditions, which might affect my child's ability to safely participate in the camp. I have notified the camp instructors of any physical ailments my child has experienced of which they should be aware.

I _____ understand the waiver. Signature: _____

Contacts in case of emergency:

1. Name: _____

2. Name: _____

Home Phone: _____

Home Phone: _____

Cell Phone : _____

Cell Phone : _____

Work Phone: _____

Work Phone: _____