

**Fayette Academy Baseball Camp 2018 Head Coach: Rodney Patterson
HOME OF THE VIKINGS**

Registration Form

T-SHIRT SIZE: YS YM YL AS AM AL AXL

Players Name: (last) _____, (first) _____ **Age:** _____

Parents Name: _____

Phone : _____

Email: _____

**Cash or Check payable to: Fayette Academy
Bring form and money to camp**

WAIVER AGREEMENT

We/I, the parent(s)/guardian(s) of _____, a participant in the Fayette Academy Summer Baseball Camp, recognize and acknowledge that there are certain risks of physical injury and we/I agree to assume the full risk of any injuries, including death, damages or loss which may be sustained as a result of participating in any and all activities connected with or associated with this program. We/I agree to waive and relinquish all claims we/I may have as a result of our son's participation in this program against Fayette Academy High School, the baseball program and all coaches or camp staff.

(Signature of parent/guardian)

(Printed name of parent/guardian)

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**2018 Baseball Camp
Fayette Academy High School**

**Camp date: June 4-7 June 8th rain date (ages 7-14)
Time: 8:30-11:30**

\$70 per camp

Free T-shirts

Instructions in all areas of the game will be taught

**Contact: Rodney Patterson
rpatterson@fayetteacademy.com**

