

*Come and experience baseball the Magdaleno way.*

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**Pre-register to guarantee your player's space!**

\*Same day registration will be available if space allows.

Players Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Address \_\_\_\_\_ Zip code \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

E-mail Address \_\_\_\_\_ Alt. Phone ( ) \_\_\_\_\_

\*\*Check-in will begin fifteen minutes prior to the start of camp. Players should arrive in full uniform, including cup with all gear clearly labeled. Catchers must have their own gear. A water bottle, sweat-shirt, and snack are recommended.

\*Sunscreen is always a good idea.

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**Authorization for Consent to Medical Treatment and Release of Liability**

I hereby confirm my child is in good health, and know of no medical reason why he/she cannot participate in any activities and I authorize *Magdaleno School of Baseball* staff to act for me according to their best judgment in any emergency requiring medical attention. This authorization is pursuant to the provisions of Section 25.8 of the California Civil Code. I hereby release, relieve, and discharge the *Magdaleno School of Baseball*, and their employees, agents, servants, or invitees from any and all claims, cause of actions, and liability arising in any way out of any injury to the participant, or his/her personal property by theft, damage, or otherwise during the time of the current activity.

**Parent/Guardian signature** \_\_\_\_\_ **Date** \_\_\_\_\_

\_\_\_\_\_ Please check here if you don't want your players photo used on our website, advertisements, fliers, or articles.

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Please make checks payable to: Magdaleno School of Baseball. Forms will not be processed with incomplete information or missing payment and must be postmarked no later than five days prior to the start day of camp. Space is limited so confirmation of acceptance will be based on the date of postmark. There is a \$25 processing fee on returned checks. Mail to:

Magdaleno School of Baseball  
(Name of Camp/Clinic)  
P.O. Box 4022  
Ventura, CA 93007

**Camp/Clinic** \_\_\_\_\_ **Date(s)** \_\_\_\_\_  
Please circle the days your player will attend.

**Registration \$** \_\_\_\_\_ **Check #** \_\_\_\_\_ **Days attending:** All Sun M T W Th F Sat

*For any questions please visit [www.MagdalenoBaseball.com](http://www.MagdalenoBaseball.com) or call Coach Mags at 805.701.5775.*