



**2018 Northgate High School Summer Baseball Camp Registration Form**

WHERE: Northgate High School baseball field

WHEN: June 11th, 12th, and 13th from 9am - 12 noon

WHO: Kids in upcoming grades 1st-8th.

COST: \$75 a camper. For siblings, cost will be an additional \$35. Ex. Two siblings will be a total of \$110. Make checks payable to: *Northgate Dugout Club*.

Campers should bring bat, glove, cleats, hat, protective cup, and proper baseball attire. Campers will receive a t-shirt.

**FOR INFORMATION OR QUESTIONS:**

Email: Coach Todd Herrington [william.herrington@cowetaschools.net](mailto:william.herrington@cowetaschools.net) or Call: 706-302-8970

or

Email: Coach Matt Ross [matthew.ross@cowetaschools.net](mailto:matthew.ross@cowetaschools.net) or Cell: 678-249-4173

Please mail pre-registration forms/waiver (These MUST be signed) along with the camp fee to: Todd Herrington  
469 Strathmore Dr.  
Sharpsburg, Ga. 30277

Only campers who pre-register will be guaranteed to receive a t-shirt.

Registration time begins Monday, June 11 @ 8:15 AM (Even if you pre-register, you need to come to the registration table to check in to the camp.)

**\*Keep this top half of the sheet for yourself and send in the Registration Form below the line.**

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Camper: \_\_\_\_\_ Age: \_\_\_\_\_ Grade (2018-2019): \_\_\_\_\_

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Position(s) \_\_\_\_\_

Current School: \_\_\_\_\_ Shirt Size: YS YM YL S M L

Payment: Cash / Check

Address \_\_\_\_\_ / \_\_\_\_\_  
Street and # City / ZIP

Name of Parent(s)/Guardian(s): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Ph# \_\_\_\_\_ Relationship \_\_\_\_\_

Have you ever played on a baseball team? Yes / No If yes, then where? \_\_\_\_\_

**For and in consideration of being allowed to participate in the following event: 2018 Northgate Viking Baseball Camp, I hereby agree to this Waiver of Liability. I know and fully understand that participation in this event is a potentially hazardous activity. I will not enter and participate unless I am medically able and properly trained. I assume all risks associated with this event, including but not limited to falls, contact with other participants, effects of weather including high heat and humidity, and facility and ground conditions, all such risks being known and appreciated by me, including, without limitation, the risk of death. Having read this waiver and knowing these facts in a consideration of allowing my participation, I, for myself and anyone acting on my behalf, waive and release the Coweta County School System and its employees, officials, volunteers, and all sponsors from all claims and liabilities of any kind arising out of my participation in this event. I grant permission to all the foregoing to use any photographs, motion pictures, recordings, or any other record of this event for any legitimate purposes.**

\_\_\_\_\_  
Signature (Parent/Guardian) Date

\_\_\_\_\_  
Print Name