



2011 North Carolina Wesleyan Baseball Winter Camp
December 4, 2011 • 1:00pm-5:00pm

REGISTRATION FORM

Check One: TEAM (\$150 to be paid by coach) *Must have at least 7 players to get team rate.
 INDIVIDUAL (\$25)

Camper's Name: _____ Age: _____ Team: _____

Home Address: _____ City/St.: _____ Zip: _____

Parent's Email Address: _____ Telephone/Cell: _____

Any Special Medical Problems: _____

I do hereby release and discharge NC Wesleyan College, Inc. (NCWC) and its trustees, officers, employees, agents, independent contractors, assigns, associates, subsidiaries and partners from any liability whatsoever; including, but not limited to, liability for negligence; and from any claim or claims for damages that allegedly arise out of or relate in any way to any injuries or alleged injuries that I may allegedly suffer in connection with the activity listed above in which I will participate. I hereby acknowledge my mutual receipt of valuable consideration in connection with this release. I hereby acknowledge my assent to the terms and conditions of this release by signing below.

Parent Signature: _____ Date: _____

PLEASE MAIL THIS APPLICATION ALONG WITH YOUR PAYMENT TO:

Charlie Long
3400 N. Wesleyan Blvd.
Rocky Mount, NC 27804

REMINDERS: There will be a full refund if you child cannot attend after you have registered.
 Each COACH will pay the TEAM fee. Please send ALL applications in together.
 Snacks will be provided.