

Wildcat Baseball



Pre-Season

**February 26th, March 5th, March 12th (in the Athletic Building)
\$20 Registration Fee
Wildcat Baseball Pre-Season Camp Registration**

Participant Name: _____ **Age:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Parent Name(s): _____

Phone: _____ **Parent Email:** _____

Emergency Contact Name and Number: _____
(PLEASE PROVIDE A NUMBER WHERE SOMEONE CAN BE REACHED DURING CAMP HOURS)

Session (please circle):

I (1 - 2:30)	II (3 - 4:30)
6 - 9 years of age	10 - 12 years of age

Shirt Size (please circle): YS YM YL S M L XL XXL

In the case of medical emergency and I am not on the premises, or can not be contacted, I give my permission to secure medical attention. I hereby release Kenton City Schools and all camp instructors of all liabilities due to injury, or illness.

Parent Signature: _____ **Date:** _____

* Registration and payment can be turned into the High School office c/o Head Coach Matt Dudek
**Make checks payable to: KENTON HIGH SCHOOL BASEBALL

