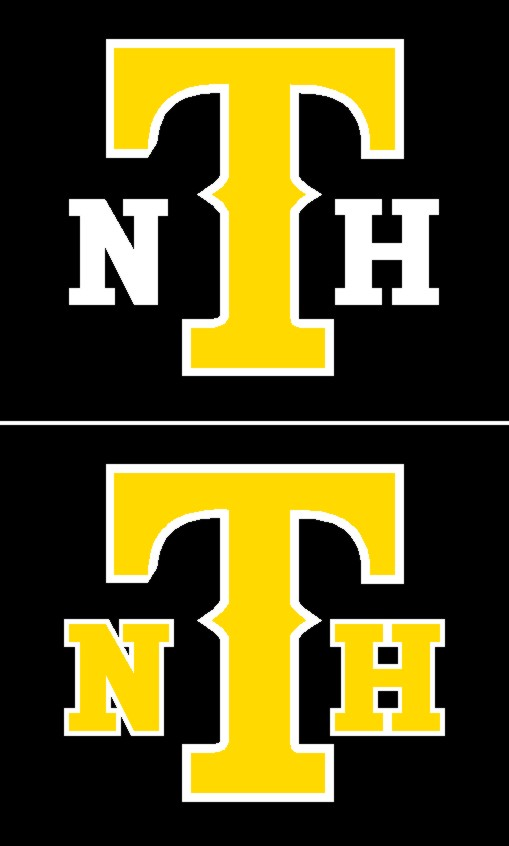
[](http://www.google.com/imgres?q=trojan+head+logo&hl=en&safe=active&biw=1280&bih=812&tbm=isch&tbnid=2DYbTvS-eMVOAM:&imgrefurl=http://www.tcaps.net/Athletics/tabid/1147/Default.aspx&docid=2YXbpkYQkjvXCM&imgurl=http://www.tcaps.net/Portals/23/Athletics/Trojan%20Head.jpg&w=481&h=531&ei=8pMiUOewO4O89gSQ5YCgAw&zoom=1&iact=hc&vpx=629&vpy=228&dur=860&hovh=236&hovw=214&tx=123&ty=136&sig=102367584856095661206&page=2&tbnh=134&tbnw=121&start=28&ndsp=33&ved=1t:429,r:3,s:28,i:171)[](http://www.google.com/imgres?q=trojan+head+logo&start=94&hl=en&safe=active&biw=1280&bih=812&tbm=isch&tbnid=0WVgDrO2s1mwhM:&imgrefurl=http://www.pic2fly.com/Trojan+Mascot+Logo.html&docid=01ru5nu4YxokHM&itg=1&imgurl=http://www.tcaps.net/Portals/23/CHS%20trojan%20head%20(2).jpg&w=2754&h=3020&ei=ppQiUJ6FEoeQ9gTWtYCoBg&zoom=1&iact=hc&vpx=921&vpy=453&dur=297&hovh=235&hovw=214&tx=101&ty=106&sig=102367584856095661206&page=4&tbnh=144&tbnw=134&ndsp=30&ved=1t:429,r:10,s:94,i:37)

**New Hope Baseball Camp Registration Form**

**State Champions: 1983, 1991, 1996, 1998, 2003, 2013, 2014, 2019**

\*Please make checks payable to the **Trojan Baseball Club.**

**\***Cost $100

**Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Grade (Just completed)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**T-Shirt Size**- Please circle YS YM YL AS AM AL AXL

**Important!** New Hope Baseball does not have accidental or short term insurance for the camp. The cost of all treatment, injuries, and hospitalization is the responsibility of the parent/guardian.

I give permission to the camp staff to use their best judgment in any emergency requiring medical attention. I hereby waive, release the camp staff, New Hope Baseball, New Hope School, and the Lowndes County School District from any and all liability for any injuries/illnesses that occur at camp.

I understand the risks in participating and as the parent/guardian give permission for my child to attend camp.

Parent/Guardian’s signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_