

CHRISTMAS APPLICATION FORM

TOM HICKS BASEBALL CAMPS, LLC

All applications processed on a first come/first serve basis and must be postmarked by December 2, 2019, to receive our Early Bird discount price. A minimum \$50.00 non refundable/non-transferable deposit per child will reserve your camper(s) a spot in camp.

Child's Name: _____ Age: _____

Address: _____

City/Zip: _____

What league does your child participate in, if any?

What level does your child play at? _____

Do you want the Extended Hours (Hitting Instruction)? ____ Yes ____ No

I hereby authorize the staff of Tom Hicks Baseball Camps to act on my behalf according to their reasonable judgment in any emergency requiring medical attention for my child. I understand that efforts will be made to contact me, but that medical treatment will not be withheld if I cannot be reached. I hereby waive any and all claims against and release the camp, and all persons involved in conducting the camp, from any and all liability for any injury or illness which may occur while my child is participating in the camp. I agree to indemnify and hold free and harmless all persons involved with conducting the camp against all claims arising out of my child's participation in the camp. I have no knowledge of any physical impairment that would be affected by my child's participation in the camp program. I authorize Tom Hicks Baseball Camps to take camp photos of my child for camp advertising and publicity purposes.

Child's Name

Parent or Guardian Signature..

Date

Phone (#1): _____ (#2): _____ (#3): _____

E-mail Address: _____

Make Check Payable to: TOM HICKS BASEBALL CAMPS, LLC

Mail completed applications to:

Tom Hicks Baseball Camps, LLC

P.O. Box 15963

Long Beach, CA 90815-0963

(562) 425-2446