



Wildcat Baseball Preseason Camp Registration



February 19-21 (Tuesday-Thursday): 3:10-5:00 PM

February 23 (Saturday): 10:00 AM to Noon

Make \$30 check payable to Fruita Monument High School

Player's Name: _____

Player's Grade: _____

Parent's Name: _____

Parent's Email: _____

Parent's Cell Phone: _____

I hereby authorize the director and members of the Wildcat Baseball Preseason Camp to act for me according to their best judgment. If any emergency requiring medical attention occurs, I hereby waive and release the director and staff of the Wildcat Baseball Preseason Camp of all liability for any illness or injury incurred by the named participant while in attendance.

Parent's Signature _____

Date _____