

Ages 7-14 **Old Tavern Fields ** 9am-12 weekdays
2025 Registration Form

Name of Participant _____

Date of Birth ____/____/____ **Adult T-Shirt Size: XS S M L**

Address _____ City _____

Cell # _____ Work # _____

Parent / Guardian _____ Emergency Contact _____

Please list any medical conditions

My child has permission to attend the All-Star Baseball Camp. In the event of an illness or injury, I give the staff members permission to act for me according to their best judgment, in case of an emergency. I also release the All-Star Baseball Camp, its employees and camp instructors from all liability.

Parent / Guardian Signature _____ Date _____

Fee: \$350 for 9 days including T-Shirt.

Checks payable to **All-Star Baseball Camp**. Please mail checks to **1291 Avon Blvd. Cheshire, CT 06410**