



BAYSHORE'S ELITE BASEBALL CAMP

Player Profile & Information Sheet

Name: _____ Age: _____ DOB: _____
____/____/____

Bats: _____ Throws: _____ Position(s): _____

Favorite Major League Team: _____

Favorite Major League Player: _____

School Attending: _____ Grade: _____

Address: _____ City: _____ Zip: _____

Parent/Guardian Name: _____

Home Phone #: _____ Work Phone #: _____

Cell Phone #: _____ Email Address: _____

WAIVER AND RELEASE: By signing below, I agree that I am voluntarily participating in professional baseball training and assume all risks of personal injury and release all affiliates associated with Bayshore's Elite Baseball Camp for responsibility. This waiver and release of liability includes, without limitation, all injuries which may occur as a result of; (a.) your use of equipment while training, (b.) your participation in personal training and instruction and, (c.) any affiliates instruction, supervision, or training recommendations. You acknowledge that you have carefully read this "waiver and release" and fully understand that it is a release of liability.

Signature: _____ Date: _____

(Must be signed by parent/guardian if player is under 18 years of age)