

# SAINT FRANCIS HIGH SCHOOL



## CHRISTMAS BASEBALL CAMP APPLICATION

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Phone (H) \_\_\_\_\_ Email \_\_\_\_\_

School (in Sept '07) \_\_\_\_\_ Grade (in Sept '07) \_\_\_\_\_

Signature of Parent \_\_\_\_\_ T-shirt size: \_\_\_\_\_

Checks Should be made payable to: *Saint Francis High School* and returned to:

Saint Francis High School  
c/o Mike Oakland  
1885 Miramonte Avenue, Mountain View, Ca 94040-4098

There is a \$50 cancellation fee for all campers.  
Registration for this camp will close on December 15th  
Players are expected to bring proper baseball equipment and wear proper baseball attire for the entire camp.

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### MEDICAL INFORMATION CARD

Student's Name \_\_\_\_\_

Parent's Name \_\_\_\_\_

Parent's Address \_\_\_\_\_

Name/Medical Ins. Co \_\_\_\_\_

Address/Ins. Co. \_\_\_\_\_

Subscriber's Name \_\_\_\_\_

Employed by \_\_\_\_\_

Employers Address \_\_\_\_\_

Ins. Policy # \_\_\_\_\_ Group # \_\_\_\_\_ I.D. # \_\_\_\_\_

I hereby register my child for the above described camp and authorize the staff to direct him/her in participation in camp activities. My child has no medical or emotional problem which may affect his/her ability to safely participate in your program, and the camp staff is authorized to attend to any health problem or injury my child may incur while attending camp.

I understand that my child must have current and active medical insurance before he/she can attend camp. Neither I nor my child will hold the Saint Francis High School or staff liable for any injuries or expenses relating to injuries while my child is at the camp.

Date \_\_\_\_\_ Signature of Parent or Guardian \_\_\_\_\_