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| **JRBC REGISTRATION FORM**  Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Street\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_ Zip\_\_\_\_\_  Age \_\_\_ Birthdate \_\_\_\_\_\_\_\_\_\_ T-Shirt Size \_\_\_\_\_  Parent’s Names \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Mother’s Cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Father’s Cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Emergency Contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Will attend: Please check boxes    **2021 Spring Hitting Camp**   * March 15-17 ($165)     **2021 Summer All Skills Camps**   * June 21-24 ($200) * July 19-22 ($200)     **2021 Summer Hitting Camps**   * June 28-30 ($165) * July 26-28 ($165)   **2021 Winter Super Camp**   * December 28-30 ($200)   **To be eligible, all registrations must contain the full tuition fee.**  **Please print and mail this form and make check to: Juan Romero Baseball Camp, Inc.**  **3678 Kent Dr.**  **Naples, FL 34112-3740**  REFUND POLICY: Any student unable to attend the camp after enrollment will have total amount credited to his/her account for a period of two years, effective from the original sign-up date. THERE IS NO CASH REFUND AFTER ENROLLMENT**.** |

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| **JRBC WAIVER FORM**  WAIVER: I hereby release the Collier County Parks & Recreation, the City of Naples Parks & Recreation, the Juan Romero Baseball Camp, its Director, and its instructors, from liability from injury, illness, or death suffered by my child in connection with this camp. Should my child suffer from an injury or from an illness, I authorize the camp officials to use their discretion to have him/her transported to a medical facility, and I take full responsibility for this action.  My child is in good physical condition to participate in all instruction and games.  Permission is hereby granted to the Juan Romero Baseball Camp to use photographs, videos, and/or endorsements of the students. The instructors are not responsible for lost or stolen property.  Insurance Company\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Policy No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  MEDICAL: Is participant on medication?  Yes No  Allergic? Yes No  If Yes, describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  PLAYER’S NAME  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  SIGNATURE (PARENT or GUARDIAN)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  PARENT’S/GUARDIAN’S NAME (PRINTED)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  DATE |