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**1st ANNUAL OBALL BASEBALL CAMP**

OBALL is putting on a youth baseball camp for children 5 to 15 years of age. The camp will run from 9 a.m. to 3 p.m. August 7th through 11th. All the player needs to do is bring their gloves. Lunch will be provided. Players will learn the fundamentals of the game and learn how to be great teammates. The staff is made up of OBALL Indians (Connie Mack) coaches and players. The cost is $15/day or $60/week. Please make checks payable to: “OBALL.”

Player Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Shirt Size: \_\_\_\_\_\_\_\_\_\_\_\_\_

Food Allergies? NO YES, if so, what is player allergic to: \_\_\_\_\_\_\_\_\_\_\_

Check day(s) player will be attending:

Mon (7th) \_\_\_; Tues (8th)\_\_\_; Wed (9th) \_\_\_; Thurs (10th) \_\_\_; Fri (11th)\_\_\_

Parent/Guardian name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact (no.) ;

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| **Parent Agreement**, I, the undersigned, give my consent for the above named child to enter the athletic program of the Old Brooklyn Area Little League. I understand the risks associated with the sport of baseball. Based on that knowledge, I voluntarily and knowingly assume all risk from and danger of personal injury and all other hazards arising related in any way to the above described activities. I agree not to hold the City of Cleveland, the sponsors, supervisors, or any person connected with this organization in any capacity liable for any claims arising from injuries sustained by the above named participant during the course of the program. I agree to cooperate with the organization in enforcing the necessary rules and regulations which apply to him/her while engaging in this program. Any violation of the established rules will not be tolerated and will result in the child's dismissal from the league without compensation. **Photo Waiver**: I hereby give permission to OBALL to use any and all photographs taken of my son/daughter for posting to the website or on printed materials. I hereby waive any rights or interests that I might have in any or all images. (Note: no names will be posted on the website.) | |
| Signature of Parent/Guardian | Date |