

Episcopal Baseball Camp

Registration Form:

Please fill out the following and either email (mfox@ehshouston.org) or mail (4650 Bissonnet, Bellaire, TX 77401) to Coach Matt Fox.

NAME: _____

GRADE ENTERING : _____

SCHOOL ATTENDING NEXT YEAR: _____

T-SHIRT SIZE: _____

PRIMARY POSITION: _____

SECONDARY POSITION: _____

PARENT NAME: _____

PARENT EMAIL: _____

PARENT CONTACT NUMBER: _____

MEDICAL RELEASE FORM:

I hereby certify that my son is in good health and may participate in all activities. In case of emergency, I give permission for my son to be given treatment at a local hospital.

Parent's Signature: _____ *Date:* _____

