

**MACOMB COMMUNITY COLLEGE
2012 BASEBALL CAMP - REGISTRATION FORM**

(Please Print)

PLAYER INFORMATION			
Last Name:		First:	Middle Initial:
Birth date: / /	Email Address:		
Street Address or PO Box:		Home Phone No.:	Cell Phone No.:
City:	State:	ZIP Code:	County where you reside:
Referred By (MCC Coach or Player):		High School Attending:	Graduation Year:

CAMP INFORMATION

DATE	CAMP	TIME START END	LOCATION	FEE	ATTENDING (PLEASE CHECK)
January 15, 2012	Catching	9:00 am – 12:00 pm	Expo Center	\$50	
January 21, 2012	Infield	9:00 am – 12:00 pm	Expo Center	\$50	
January 22, 2012	Pitching	9:00 am – 12:00 pm	Expo Center	\$50	
February 12, 2012	Hitting and Base Running	9:00 am – 1:00 pm	Expo Center	\$50	
TOTAL FEE				\$	

Check for \$ _____ payable to MCC is enclosed.

MAIL REGISTRATION FORM WITH PAYMENT AND RELEASE OF LIABILITY TO:

ATTN: Joe Santilli - Baseball
Macomb Community College
14500 E. 12 Mile Rd.
Warren, MI 48088-3896

RELEASE OF LIABILITY

In consideration of Participant being permitted to participate in the Macomb Community College Program(s) named above, I, Participant hereby release, discharge and covenant not to sue Macomb Community College, its trustees, officers, agents and employees from all liability for any and all claims, damages, costs or causes of action I have or may in the future have as a result of injuries (including death) or damage to property sustained or incurred by Participant while in any way participating in the above Program(s).

By signing this Release, I certify that I have read the Release and understand its terms.

Date: _____

Name of Participant

Participant's Signature

Date: _____

Name of Parent/Guardian
(if Participant is under 18 years of age)

Parent/Guardian's Signature
(if Participant is under 18 years of age)

Checks must be made payable to MCC