



## **ALL-STAR CAMP**

### **Registration Form & Liability Waiver**

Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grad Year \_\_\_\_\_  
**(Grad Year Restriction: 2018-2020)**

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

High School/American Legion Team \_\_\_\_\_

Primary Position \_\_\_\_\_ Other \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Bat: R L S Throw: R L

Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Email \_\_\_\_\_ Circle T-shirt size M L XL XXL

*Required for Confirmation*

**ALL STAR CAMP SESSIONS** (please check one) **Registration at 8:30 a.m. and 1:30 p.m. (NO REFUNDS!!!)**

**Cost of the camp is \$70**

**Please make checks payable to: Wayne State College**

\_\_\_\_ August 4<sup>th</sup> Session 1 @ 9:00 a.m.

\_\_\_\_ August 4<sup>th</sup> Session 2 @ 2:00 p.m.

Check # \_\_\_\_\_

Please register online @ [www.wscbaseballcamps](http://www.wscbaseballcamps) or mail your registration form/waiver and payment to:

WSC Baseball Camps  
 Attn: Baseball Department  
 Wayne State College  
 1111 Main Street  
 Wayne, NE 68787

#### **Camp Release Form**

I do hereby release the Board of Trustees of the Nebraska State Colleges, Wayne State College, the WSC Athletic Camp and all its trustees, officers, administrators, agents, employees and camp personnel from all liability, including claims or suits in law or equity related to any bodily injury (including but not limited to) loss of life, accident, or loss (personal property or other).

Furthermore, I realize the risks involved as a camp participant and I understand that I am responsible to pay, or otherwise cover through my insurance, any medical or hospital expenses, doctor bills or other expenses which could be incurred as a result of treatment given for illness or injury incurred while attending or subsequent to attending the WSC Athletic Camp.

I hereby authorize the staff of Wayne State College and the WSC Athletic Camp to act for me according to their best judgment in any emergency requiring medical attention. I understand if my child presents concussion-like symptoms during an evaluation from a Certified Athletic Trainer at a WSC Athletic Camp, he/she will no longer be allowed to participate at camp. As a parent/guardian I must make arrangements to remove my child from camp as soon as I have been notified of my child's condition.

I further give my permission for Wayne State College and the WSC Athletic Camp to use, for publicity or advertising purposes, any photographs taken of me at the camp.

\_\_\_\_\_  
Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian (required for all participants)

\_\_\_\_\_  
Date