

Please make your check or money order payable to: **West Coast Baseball Camps**
Mail check and this registration form to:
WCBC c/o Tracy Barnes
461 Blackthorne Ave.
El Cajon, CA 92020

Registrant Information

Name _____ DOB _____ Parent/Guardian _____

Address _____ City/St/Zip _____

Home Phone _____ Email _____

Paid by: Check Money order Online Amt paid _____

For Elite Hitting Program Attendees Only:

(4 week Program) Group 1 (Mon/Wed 4p – 5:15) Group 2 (Tues/Thur 4p – 5:15)

Group 3 (Fridays only 4p – 5:15)

(10 week program) Group 1 (Mon/Wed 4:30 – 5:45) Group 2 (Tues/Thur 4:30 – 5:45)

Group 3 (Mon/Wed 6p – 7:15) Group 4 (Tues/Thur 6p – 7:15) Group 5 (Fridays Only 5p – 5:15)

For Camp Attendees Only:

T-Shirt Size (please circle one) YouthS YouthM YouthL AdultS AdultM AdultL AdultXL AdultXXL

Dates of Camp Attending: _____

Release: I give permission for my child to attend West Coast Baseball Camp and take part in all activities offered by the camp. I assume responsibility for any medical condition my child has, and assume responsibility for any medical treatment my child may require as a result of an injury during camp. I agree to release West Coast Baseball Camp, it's employees, and affiliates, from any liabilities, damages, or claims of any injury or accident arising out of my child attending the baseball camp.

Signature of Parent/Guardian _____