

**Presbyterian Christian School
2019 BASEBALL Camp Registration Form**

Student's Name: _____ M _____ F _____

T-shirt size:(Circle One) YS YM YL YXL AS AM AL

Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: _____ Home Phone: _____

Parent/Guardian Name: _____

Work/Cell Phone (Father): _____ (Mother): _____

School 2019-2020: _____

In case of emergency, contact: _____ Phone: _____

Allergies: _____

DATE	CAMP LOCATION	GRADES (2019-2020)	TIME	CONTACT	COST
JUNE 3-4	PCS Baseball Field	2 nd -8 th graders	1:00-5:00	Jarrett Hoffpauir jhoffpauir@pcsk12.org	\$100

In consideration for allowing my child(ren) to attend the indicated camp, I _____
(parent/guardian) hereby release and discharge PCS, its agents, trustees, and representatives from any and all liabilities, damages, costs, expenses, actions, causes of actions, and/or suits of any kind or nature arising out of my child(ren)'s participation in the camps. My child my also ride from 1st Presbyterian Church to PCS for baseball camp.

Signature

Date

Please return form and payment to the elementary office, high school office, or mail to:

**Presbyterian Christian School
Attn: Jarrett Hoffpauir
221 Bonhomie Road
Hattiesburg, Mississippi 39401**

Additional registration forms may be downloaded from www.pcsk12.org. Unless the camp director is notified otherwise in writing, it is assumed that permission is given for photographs and videos of camp participants to appear in any media.