



## CAMP APPLICATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent Name(s): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Other Email: \_\_\_\_\_

Camp Name	Day & Time	Cost
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please make all checks payable to:  
**HAYMARKET SPORTSPLEX** 

Mail to:  
**Haymarket SportsPlex**  
PO Box 1050  
Haymarket, VA 20168



**Sub Total:** \_\_\_\_\_

**5% off multiple sign ups:** \_\_\_\_\_

**Grand Total \$** \_\_\_\_\_

### MEDICAL CONSENT FORM

I hereby state that my child is in good health, and has my permission to participate in all Snyder Baseball and Haymarket SportsPlex activities. In the event of injury or illness, I authorize Snyder Baseball and Haymarket SportsPlex staff to act for me in securing medical treatment. Registration in Snyder Baseball and Haymarket SportsPlex programs requires that a parent/guardian sign below to agree that in case of accident or injury while attending a Snyder Baseball and Haymarket SportsPlex program, they release the facility, the ownership, the coaches and directors from any and all liability. Each child is required to carry personal medical coverage.

Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_