

2024 ECBSA CAMP REGISTRATION FORM *January through April Events*

Return with payment

SELECT CAMP(S):

Session 1: Jan. 28 & Feb. 4, 11 & 18 – 2-4pm Session 2: Feb. 25 & March 3, 10 & 17 – 2-4pm
February 4, 11, 18 & 25 – 9-11am
February 4, 11, 18 & 25 – 8-10am
March 6, 8, 13, 15 & 20 – 5:30-7:30pm
March 3, 10, 17 & 24 – 6-8pm
April 7 & 14 – 5-7pm

Name:	Phone:	D.O.B	_//_	_Age:	
Address:					
City, State, Zip:					
Bats: L /R /S Throws: L / R	Primary Fielding Position:	Secondary:		-	
Total Price: \$					
Emergency Contact Person:	Phone	:			
Insurance Company:	Policy	Policy Number:			
I do hereby voluntarily consent to examinat transfusion of blood components deemed net staff or nearby hospital. I certify that I hav has been made as to the results that may be legally bound hereby.	cessary in the judgment of the physician(s) e read and fully understand the consent gin	and whoever may be delego ven herein. I also certify the	ated as assist at no guaran	ants of the medical tee or assurance	
		//			
Disabilities or Limitations	Authorized Signature	Date	Re	elationship	
Your email address (required for	confirmation):				

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