

Missouri Southern State University Skills and Evaluation Camp
Registration Form

Name _____

Address _____

City _____ State _____ Zip _____

Phone (Home) _____ (Cell) _____

Date of Birth _____ Grad Year _____ Age _____

High School _____ Head Coach _____

Primary Position _____ Secondary Position _____

Throws _____ Bats _____

Amt Due: _____ Make Checks Payable to: MSSU Lion Baseball Camp

Parent or Guardian must read and sign agreement below to participate in camp.

We as parents or guardians of the above listed student enroll him in the Missouri Southern State University Skills and Evaluation Camp and hereby acknowledge the fact that he is physically able to participate in camp activities. We also authorize the camp staff to act for us in their best judgment in any emergency requiring medical attention and we hereby waive the Missouri Southern State University Camp and it's instructors from any liability for any illness, injury or property loss our child incurs while on the premises.

Signature of Parent or Guardian

Date

Please Mail Registration Form to:
Missouri Southern Baseball Office:
C/O Bryce Darnell
3950 E. Newman Rd.
Joplin, MO 64801