



Riverside Academy



Baseball Camp Registration

July 16th – 19th

9am-12pm

Parent Name: _____

Parent Number: _____

Address: _____

City/State: _____ **Zip:** _____

Student Name: _____

Current Grade: _____ **Age:** _____ **Shirt Size:** _____

Name of School: _____

Emergency Contact Name: _____

Emergency Contact Number: _____

List of Allergies or Medical Issues:

I, _____, grant permission for my child, _____, to participate in the Riverside Academy Baseball Camp. I also waive Riverside Academy and its coaches of any liability throughout the duration of camp. I understand that injuries may happen during the camp, and I accept full responsibility for any injuries that may occur.

Signed: _____ Date: _____

Cost: \$65 per camper - Cash or Check

Make Checks Payable to Riverside Academy

Mail/Drop Off: 332 Railroad Avenue Reserve, LA 70084

Please contact us with any questions:

Frank Cazeaux, Head Coach 504-481-5040 or fcazeaux@riversideacademy.com