

Dusty Rhodes' North Florida Baseball Camp
1 UNF Drive
Jacksonville, FL 32224
Phone: 904-620-2556 Fax: 904-620-2836

Application must be accompanied by a \$50 deposit. A confirmation e-mail will be sent to inform you that we received your check. If you do not provide an e-mail address, a postcard will be mailed.

Make check payable to: *Dusty Rhodes Baseball Camp*
Early enrollment is recommended as space is limited.

Name Age Grade (as of Fall 2008)

Address Street City State Zip

School Home Phone E-mail address

Parents' name and work number

Parents' name and work number

T-shirt size: S M L XL

Camp Dates:
(8-13 years old) June 9 -13 June 16-20 June 23-27 July 7-11

(14-18 years old only) July 14-18

Authorization for Treatment

You have our permission to take care of our minor child _____ in case we are unavailable should a medical/surgical need arise.

Current Medication _____

Or Condition _____

Allergies _____

Date of last physical _____

Date of last tetanus toxiod _____

Accident insurance by the camp will cover anything up to the policy limits that your policy does not. Please list your health insurance company and policy number.

Company _____

Policy Number _____

As a parent or guardian, I will release the director, instructors, trainer, North Florida Baseball Camp, and the University of North Florida of all responsible and foreseeable legal liability.

Signature of Parent or Guardian

Date

Witness

To be completed by registrar:

Check# _____ Deposit: _____ Balance: _____