



## Registration Form

All-American Camp 2017

**Please fill out and mail to:**

Diamond Skills Baseball  
5509 Golf Lane  
Rockville, MD 20852

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

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

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

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

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

High School: \_\_\_\_\_ Age: \_\_\_\_\_ Grade (2016-2017): \_\_\_\_\_ Graduation Year \_\_\_\_\_

Primary Position: \_\_\_\_\_ Secondary Position: \_\_\_\_\_

Throws: \_\_\_\_\_ Bats: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ SAT: \_\_\_\_\_ ACT: \_\_\_\_\_ GPA: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

Insurance Company Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_

**Please Circle Camp Attending:**

**Infield/Outfield:** \$300    **Pitcher/Catcher:** \$250    **Both Camps:** \$450

**Location:** Georgetown Prep High School, 10900 Rockville Pike, North Bethesda, MD 20852

I authorize the Diamond Skills Baseball Staff to act for me in securing medical treatment for my child in the event of injury or sickness. My signature releases Diamond Skills Baseball from any and all liability.

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

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