



Registration Form

Name of Student: _____

Date of Birth: _____

Address: _____

City: _____

State: _____

Zip: _____

Home Phone: _____

Email Address: _____

Father's Name: _____

Father's Work Phone: _____

Father's Cell Phone: _____

Mother's Name: _____

Mother's Work Phone: _____

Mother's Cell Phone: _____

Emergency Contact Phone: _____

Medical Conditions or Allergies: _____

Medical Consent:

I hereby state that my child is in good health, and has my permission to participate in Maryland Baseball Academy, Inc. programs. I authorize the Maryland Baseball Academy, Inc. staff to act for me in securing medical treatment for my child in the event of injury or sickness. I agree that in case of an accident involving my child while attending Maryland Academy, Inc. programs, I release the Academy and its staff from any liability.

Child's Name: _____

Parent's Name: _____

Parent's Signature: _____

Date: _____

We accept Visa, Mastercard, Discover, and American Express



Card Number: _____ Expiration Date: _____