

TEMPO TITANS PRAHA BASEBALL CLUB SUMMER YOUTH DAY CAMPS



REGISTRATION FORM

Participant Information

Participant Name: _____
Date of Birth: _____ Years in Baseball: _____
Home Address: _____
Contact Phone Number(s): _____
Email Address: _____
Please list any allergies or medical issues: _____

Parent/Guardian Agreement

I, _____, Parent/Guardian of _____
agree that the Tempo Titans Praha Baseball Club can not assume responsibility for
medical, dental, or other health expenses incurred as a result of my child's participation at
the 2012 summer youth camp.

Signed: _____ Date: _____

We look forward to having you on the field for our summer youth camps for a great week
of baseball! – *Joey Kamide, Head Coach, Tempo Titans Praha Baseball Club*

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