



Name: _____

Age: _____ Grade: _____ DOB: _____

Address _____

City: _____ State: _____ Zip: _____

Cell Phone: _____

Emergency Contact Number: _____

Email: _____

Medications/Allergies: _____

Primary Position: _____

Secondary Position: _____

High School: _____

Summer Team: _____

GPA: _____ SAT: _____

- Rain Date if needed: Sunday, September 8th
- Registration will begin at 8:45 am at the baseball field
- Payment is due in full at time of registration. \$25 Cancellation Fee due to staffing and field rental costs

Register online at www.adamposeybaseballcamps.com

If mailing in registration, make checks payable to

Adam Posey Baseball Camps

Mail to:

Eastern Mennonite University Baseball

1200 Park Road

Harrisonburg VA 22802

You will be notified via email registration confirmation

I, the undersigned, hereby submit that my child is physical-
ly fit and waive and release any claims if injured at the
EMU Baseball Prospect Camp

Health Insurance Carrier:

Policy #: _____

Group #: _____

Parent or Guardian Signature

Date