

Mulerider Camp Registration



Name _____

Address _____ Email _____

City _____ State _____ ZIP _____

Phone _____ Parents/Guardian _____

Grade _____ Birthday _____

Age _____ Height _____ Weight _____ Position(s) _____

Please attach any important health information. The camp maintains the highest safety standards. However, the Mulerider Baseball camp does not assume liability for accidents, illness or disease.

MEDICAL RELEASE: I hereby consent to emergency medical or hospital service rendered to my child by appointed physicians or at accredited hospitals, in the event such is needed as determined by the camp director.

Signed _____ Date _____

**SAU Baseball
P.O. Box 9338
Magnolia, AR 71754
870-235-4127**