

Louisville Wildcats Baseball Camp Registration Form

Camp Details:

Dates: June 30 – July 2, 2025

Location: Wildcat Field

Time: 9:00 a.m. – 11:30 a.m.

Grades: Boys entering 2nd – 6th grade

Cost: \$40 per camper (includes camp T-shirt)

Camper Information

Name: _____

Grade (2025–26): _____ **School:** _____

Parent/Guardian: _____

Parent Phone: _____

Emergency Contact: _____

Emergency Phone: _____

Email: _____

T-Shirt Size (circle one):

YS YM YL AS AM AL AXL

Medical Info

Allergies / Medical Conditions / Medications:

Parent/Guardian Authorization

I give permission for my child to participate in the Louisville Wildcats Baseball Camp. I understand the camp, coaches, and Louisville High School are not responsible for accidents or injuries. I authorize the staff to secure emergency medical treatment if necessary.

Signature: _____ **Date:** _____

Payment Info

Amount Paid: \$ _____ **Method (circle one):** Cash Check

Make checks payable to: Louisville High School Baseball

Return form + payment to: Louisville High School Front Office or bring on June 30