



THOMAS SIMONEAUX BASEBALL CAMPS LLC  
PLAYER REGISTRATION FORM



CAMP LOCATION: \_\_\_\_\_ DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ AGE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

CELL: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PAYMENT METHOD: \_\_\_\_\_ AMOUNT: \_\_\_\_\_

EMERGENCY CONTACT NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

AMOUNT PAID: \_\_\_\_\_ METHOD: \_\_\_\_\_

**MEDICAL INSURANCE**

This form must be completed, signed and filed before any treatment can be provided. The information on this form is completely confidential and will not be released without authorization from the camper's parent / guardian.

Health Insurance Provider: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Personal Physician: \_\_\_\_\_

**WAIVER OF LIABILITY**

I certify that \_\_\_\_\_ (has my permission to participate in the Skills+ Youth Camp hosted Thomas Simoneaux Baseball Camps LLC summer camp.)

I authorize Coach Thomas Simoneaux, Troy Banks, and the rest of the staff to act according to their best judgment in any medical emergency.

I hereby waive and release Thomas Simoneaux Baseball Camps LLC, Vibe Tribe Baseball, all camp instructors, the clinic director, coaches, and support staff, and the host facility of any liability for injuries sustained while participating in this camp.

I confirm that I have no knowledge of any medical or physical condition that may affect my child's ability to safely engage in all camp activities. I further certify that the above-mentioned camper has valid medical insurance in case of an emergency.

I understand that this camp has **NO Official affiliation** with:

- The Savannah Bananas
- The Party Animals
- Fans First Entertainment LLC
- Banana Ball
- Or any other entity related to Banana Ball.

Parent/Guardian Name (print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_