



# Registration Form All American Camp 2012

Please fill out and mail to:

Diamond Skills Baseball  
5509 Golf Lane  
Rockville, MD 20852  
301-570-2833

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

High School: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Graduation Year: \_\_\_\_\_

Primary Position: \_\_\_\_\_ Secondary Position: \_\_\_\_\_

Throws: \_\_\_\_\_ Bats: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

SAT: \_\_\_\_\_ ACT: \_\_\_\_\_ GPA (4 point scale): \_\_\_\_\_

T-Shirt Size: \_\_\_\_\_

Insurance Company Name: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Please Circle Camp Attending:

Infield/Outfield \$375.00 Pitcher/Catcher \$375.00 Both Camps \$550.00

Personal Skills Video – One Video \$125 (circle one - Infield, Outfield, Pitcher, Catcher)

Two Videos \$225 (circle one - inf/p, inf/c, of/p, of/c, p/c)

Personal Skills Evaluation – One Evaluation \$125 (circle one - Infield, Outfield, Pitcher, Catcher)

Two Evaluations \$225 (circle one - inf/p, inf/c, of/p, of/c, p/c)

I authorize the Diamond Skills Baseball Staff to act for me in securing medical treatment for my child in the event of injury or sickness.  
My signature releases Diamond Skills Baseball from any and all liability.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date