



Parental Consent Form

I give permission for my child to take part in the activities provided by the Valbrook baseball camps and for the information to be held and used by the Valbrook Baseball Academy.

I give permission to use photo/video footage taken during the activities for promotional purposes such as displays /DVD presentations of our work.

I give permission for medical attention to be sought in case of emergency. I understand that Valbrook cannot take responsibility if your child does not abide within the rules.

I give permission for my child's email and mobile number to be given to the Valbrook Baseball Camps only to be used for emergency and event promotion we use.

Child's Name: _____

Parent's Name: _____

Parent's Signature: _____

Date: _____

Valbrook Baseball Academy Inc.
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