

REGISTRATION FORM - TRIPLE THREAT SOFTBALL CAMP
PLEASE PRINT ALL INFORMATION

Camp Location: _____ **Camp Date:** _____

Times of the Camp :

Name: _____ DOB: _____

E-mail address: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: () _____

Cell Phone: (____) _____

Parent's Name: _____

Emergency Telephone: (____) _____

Camper Information Required:

T-ShirtSize: ALL ADULT SIZES

SMALL _____ MEDIUM _____ LARGE _____ XLARGE _____

Primary Position (**circle one**): PITCHER _____ CATCHER _____ INFIELD _____
OUTFIELD _____

Secondary Position (**circle one**): PITCHER _____ CATCHER _____ INFIELD _____ OUTFIELD

All Campers are required to have their own medical insurance and must show proof of that insurance on the first day of registration.

Cancellation Policy: If for any reason you **cannot** attend camp your camp tuition will be forwarded to another camp of your choice.

Any cancellations two weeks prior to the camp date will be non-refundable.

CONDITIONS OF APPLICATION:

Guardian must read and sign below:

1. I understand that this camp is operated by the individual coaches named. Accordingly, I agree to release and hold harmless the individual coaches, its agents, and other staff, while acting in their capacities as such, from any and all claims of liability which may arise in any manner or form from my child's participation in this camp.
2. I hereby authorize the Triple Threat Softball staff to act for me, according to their best judgment, in any medical emergency. As parent/guardian of aforementioned camper, I take full responsibility for payment of injuries that may occur during the Triple Threat Softball Camp and I hereby waive and release said persons from any liability of illness/injury incurred while attending camp.

Signature of Parent or Guardian _____

• REGISTRATION REQUIREMENTS • PLEASE MAKE SURE THAT YOU HAVE COMPLETED THE FOLLOWING CHECKLIST BEFORE SENDING IN YOUR APPLICATION. _

- ___ Complete Application Form
- ___ Enclose Check and mail to _____

Registration for banquet only:

Name: _____

Number of people attending: _____

Total price: _____