

**THIS REGISTRATION FORM IS FOR MAIL IN APPLICANTS ONLY**

Print and mail form and check to: Triple Threat Softball Camp 359 Montecito Drive Satellite Beach, Fl. 32937

Or Download and Email to:

[TripleThreatCamps@yahoo.com](mailto:TripleThreatCamps@yahoo.com)

(PayPal)

*\*Confirmation of camp application will be sent by email. \*Note: Be sure to check junk email box.*

**Camp Location:** \_\_\_\_\_ **Camp Date:** \_\_\_\_\_

**Times of the Camp :** 9:00AM to 3:00 PM each day

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

E-mail address: \_\_\_\_\_

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

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

Home Phone: ( ) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Emergency Telephone: (\_\_\_\_) \_\_\_\_\_

Camper Information Required:

T-Shirt Size: \_S \_M \_L \_XL (All are adult sizes)

:Primary Position (**circle one**):      P      C      Infield      Outfield

Secondary Position (**circle one**):      P      C      Infield      Outfield

*Walk up registration is prohibited (day of).*

*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

Triple Threat Softball Camp 359 Montecito Drive, Satellite Beach, Fl. 32937 Phone No. 321-917-8709

**Registration for Pascagoula, MS banquet only:**

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

Number of people attending: \_\_\_\_\_

Total price: \_\_\_\_\_ (\$30.00 per person)

**Please pay for this banquet along with your Triple Threat Camp payment.**