



& ALL-AMERICAN COLLEGE PREP PROGRAM

Summer Camp

★ 2010 ★

Medical Insurance

Camp participants are ***required*** to be medically insured and the medical release form on the next panel must be completed and signed in order to participate.

Equipment

You must bring your own glove, shoes and catcher's gear if you are a catcher. We will provide balls, bats, and helmets for your use. You may also bring your own bat or helmet.

Return the Medical Information Form and the Registration Form along with your fee to reserve your spot.

2010 Medical Information Form

Campers must fill out and return.

Camper's Full Name: _____ Age: _____

Address: _____

Parent's Name and Address: _____

Medical Insurance Company: _____

Subscribers Name: _____

Insurance Policy #: _____ Group # _____ ID # _____

I hereby register my daughter for the above described camp and authorize the staff to direct her in participation in camp activities. My daughter has no medical problems which may affect her to participate in your program. The camp staff is authorized to attend to any health problem or injury my daughter may incur while attending camp. I understand that my daughter must have current medical insurance before she may attend camp. Neither my daughter nor I will hold All American Softball, Inc. liable for any injuries or expenses relating to injuries while my daughter is at camp.

Date _____ Signature of Parent/Guardian _____

REGISTRATION FORM

Name _____ Birthdate _____

Address _____

City _____ State _____ Zip _____ Phone _____

Yr/Sch _____ School _____ Ht. _____ Wt. _____

Summer Team _____

Parent Name _____ Business Phone _____

Emergency Telephone _____

Payment Method & Amount (circle one and provide applicable info):

CASH: \$ _____ CHECK #: _____

VISA, MASTERCARD or AMERICAN EXPRESS

CC Number: _____

Expiration Date: _____ 3-digit code on back of card: _____

Yes, I authorize this charge of \$ _____ on my Credit Card.

Signature of card holder: _____