

2009 SUMMER SOFTBALL CAMP REGISTRATION FORM

PLEASE COMPLETE ALL INFORMATION
COST OF THE CAMP - \$200.00
MAKE CHECKS PAYABLE TO:
DENISE RUBIO

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

E MAIL: _____ PHONE: _____

PRIMARY POSITION OF INTEREST _____ SECONDARY POSITION _____

YEARS PLAYED (1, 2, 3 ,4, 5+) _____

ADULT SIZE T-SHIRT (XS – XL) _____

Additional Camp Information:

- ☞ A Non-Refundable deposit of \$50 is due by July 6, 2009
- ☞ All balances are due by July 27, 2009
- ☞ No refunds after July 27, 2009
- ☞ A service charge of \$15 will be added to returned checks
- ☞ Registration will be on Monday (8/10/2009) from 8:00 - 8:30 a.m.
- ☞ Early drop offs are available daily beginning at 8:30. Please let us know in advance to make arrangements.
- ☞ Lunch will not be provided. We will have a concession stand selling snacks and drinks throughout the course of the day.

MEDICAL FORM

I certify that the above named athlete has my permission to participate in the fastpitch clinic at the University of Tampa. I absolve Leslie Kanter, Jaci Davis, Linda Derk and the University of Tampa, and all persons acting on behalf of the foregoing entities or in any way connected with the running of the clinic from any and all liability for injury, sickness or death suffered by the above named in connection with this clinic. If the above named athlete should suffer an illness or injury, I authorize the officials of this clinic to use their discretion in transportation to a medical facility and take full responsibility for this action.

Parent Signature: _____

Date: _____

Emergency Contact: _____

Emergency Phone: _____

PLEASE MAIL REGISTRATION FORM ALONG WITH PAYMENT TO:

Denise Rubio
4306 Northpark Dr.
Tampa FL 33624