

## 2012 SUMMER SOFTBALL CAMP REGISTRATION FORM

PLEASE COMPLETE ALL INFORMATION | COST OF THE CAMP - \$200.00

MAKE CHECKS PAYABLE TO: DENISE RUBIO

FULL NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIPCODE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

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 May 6, 2012
- All balances are due by May 27, 2012
- No refunds after May 27, 2012
- Any payment made after May 27, 2012 must be in the form of cash as no checks will be accepted
- A service charge of \$15 will be added to returned checks
- Registration will be on Monday (6/11/2012) 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: \_\_\_\_\_ PHONE: \_\_\_\_\_

PLEASE MAIL REGISTRATION FORM ALONG WITH PAYMENT TO:

Denise Rubio  
4306 Northpark Drive  
Tampa, FL 33624