



& ALL-AMERICAN COLLEGE PREP PROGRAM

# Summer Camp

★ 2009 ★

## Medical Insurance

Camp participant 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, bates, 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.

### 2009 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: \_\_\_\_\_