

SOFTBALL CAMP APPLICATION

Today's Date: _____

Athletes Name _____ Parent's Name _____

Address _____

E-Mail _____

Phone No.(H) _____ Phone No.(W) _____

Emergency Person _____ Phone No. _____

Year In School Next Fall _____ T-Shirt Adult XL L M S

T-Shirt Youth L M S

My child has permission to attend the Jefferson Softball Camp. I certify that within the past year he has had a physical examination and that now he is physically able to participate in softball camp activities without restriction. In event of an illness or injury, I give consent for medical treatment and permission to attending physician to hospitalize, secure proper treatment, and order injections, anesthesia, or surgery. I will be responsible for any medical or other charges in connection with my child's attendance in camp.

I acknowledge that at the Jefferson Softball Camp my child will participate in a sport that may involve, among other things, physical contact of the body with other persons or objects, including the ground and at the Jefferson Softball Camp he may incur a risk of injury. I specifically waive and give up and release the Jefferson Softball Camp and staff from liability for any claim for damages which I or my child may have for injuries or illness that he/she may sustain at camp.

Please List Any Medical Conditions or Allergies our staff should be aware of:

*I understand that any pictures taken by Jefferson Softball Camp may be used for promotional purposes.

Parent's Signature _____

***Please make checks payable to: Jefferson Training Services**

Mail to:

Jason Klebez
50 Hickory Trail
Sparta, NJ 07871
973-729-4805 Home