



Softball Advanced Camp Registration 2017

Camper's Name _____

Address _____

City _____ State _____ Zip _____

Home Phone # _____

Emergency Ph.# _____

Additional contact Name and Phone #: _____

Campers Age _____ Grad Yr _____ Position: _____

NCAA Eligibility Center ID #: _____

Date : Wednesday, June 28 or Wednesday, July 19

Time: 9-12 Pitcher/Catcher 2-6 Position/Hitting

Insurance Co. _____

Policy # _____

Policy Holder _____

By my signature below, I hereby authorize permission for my child to be treated by a licensed physician or a member of the camp staff for an injury, accident, illness or any other mishap. I agree to release the Softball Camp, Catawba College, and camp personnel from any and all liability for all injuries or illness while at camp.

Parent/Guardian Signature

Date

Mail application and \$100 payment or email and bring payment day of camp:

Catawba College

Attn: Adrian Gantt/Nan Whitley

2300 West Innes St.

Salisbury, NC 28144

ganttaw@gmail.com cell 704-213-2438