

2010 SOFTBALL CAMP REGISTRATION

(Photo-Copies will be accepted)

Camp Dates: (check all that apply)

June 14 – 17 (_____)

July 12- 15 (_____)

July 26 – 29 (_____)

TOTAL \$ _____

Child's Name: _____

Address: _____

City, State, ZIP: _____

Age: _____

School: _____

Parent Name(s): _____

Primary Phone Number: _____

Secondary Phone Number: _____

E-Mail: _____

Amount of Check or Money Order: _____

I hereby request my daughter be permitted to attend the MAA softball Camp(s). I authorize the staff to act for me according to their best judgment in an emergency. I will hold harmless and release the staff, the camp and MAA from any and all liabilities or responsibilities related to injuries or the death of my daughter. I understand that my insurance coverage is primary.

Primary Insurance Carrier: _____

Insurance Policy Number: _____

Parent/Guardian Name(PRINT): _____

Parent/Guardian Signature: _____

Date: _____

QUESTIONS: Ken 314-954-4247 or Steve 314-960-6640

Mail to : Manchester Athletic Association (MAA)

418 Leicester Sqare Drive

Ballwin, MO 63021