

# COLLEGE SOFTBALL PREP CLINIC



## REGISTRATION FORM

October 11, 2021 Noon- 3:00PM

High School Players Only (Freshman-Seniors)

Player Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

**Cost: \$75.00 per player make checks payable to – “Kutztown University Softball”**

**Mail Registration to: Kutztown University Softball Keystone Hall P.O. Box 730 Kutztown, PA 19530**

Emergency Contact Information:

Parents: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

In Case of Emergency Notify: \_\_\_\_\_

Relationship: \_\_\_\_\_ Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Health Insurance Carrier: \_\_\_\_\_

Policy #: \_\_\_\_\_ Email: \_\_\_\_\_

Camp has my consent to secure medical treatment for my child in case of emergency. Camp may elect to access family health/accident policy. Parent/Guardian will be notified immediately. I permit them to participate in normal daily camp activities and I will be responsible for insurance coverage for my child/children. I have carefully read the enclosed information and agree to the conditions stated herein.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_