

Florida A&M University Softball Camp

COMPLETE ONE FORM PER CHILD

Email form to constance.orr@famu.edu

Participant's Name _____
Grade: _____ Expected Graduation _____ Date of Birth _____
Email _____
Years playing _____ Position(s) _____ Travel team/School _____

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Session(s) attending: One session: \$80 / Two sessions \$140
Make all checks payable to FAMU Softball

____ Session 1: June 19th, 2018 (3rd grade-7th grade)
____ Session 2: June 20th, 2018 (8th-grade -12th grade + recent graduates)
____ Session 3: June 21st, 2018 Pitching & Catching (3 rd graders-12th graders)

Please circle one T-Shirt Size:
Youth: SM Med L XL **Adult:** SM Med L XL 2XL

IN CASE OF EMERGENCY

Contact# _____
Home # _____
Cell# _____

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WAIVER OF LIABILITY RELEASE FORM

I am aware of the nature of this activity and I hereby assume responsibility for
PARTICIPANT'S NAME: _____

To participate and to be photographed for publicity purposes. I will not hold Florida A&M University and/or its employees responsible in the case of accident or injury as a result of this participation. I understand that this completed form must be in the possession of Florida A&M University prior to participation in this program.

PARENT/LEGAL GUARDIAN Signature

Name _____ Date _____

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FOR OFFICE USE ONLY

Amount paid: _____ () Money Order () Cashier check # _____ Received by _____ Date _____