

MARLIN SOFTBALL ACADEMY

2019 Summer Camp Registration

NAME: _____ AGE: ____ TRAVEL ORGANIZATION: _____
GRAD YEAR: _____ T-SHIRT SIZE: _____ POSITION: _____
PARENT/ GUARDIAN _____ E-mail _____
Cell Phone _____ Home Phone _____ Work Phone _____
ADDRESS: _____ CITY: _____ STATE: ____ ZIP: _____
Camper's Health Insurance Co. _____ Policy # _____

Release of Liability For Marlin Softball Academy

I do hereby acknowledge that my child's participation in any of the Marlin Softball Academy Camps is purely and entirely voluntary and that the Camp, University and/or its clinicians shall not in any way be responsible or liable for any injuries, ailments, infirmities and/or disabilities which my child may encounter as the result of such participation. I understand the nature of potential risks from injury, and I agree to accept those risks. I release the camp and its employees from any and all actions for any injuries my daughter may incur while attending the camp.

Parent/Guardian Signature: _____

Photo Release For Marlin Softball Academy

By signing above, I grant permission to Marlin Softball Academy, its agents, and its employees the irrevocable and unrestricted right to produce photographs and video taken of my child, myself, and members of my family while at any Marlin Softball Academy event for any lawful purpose including publication, promotion, illustration, advertising, trade, or historical archive in any manner or in any medium. I hereby release Marlin Softball Academy and its legal representatives from liability for any violation or claims relating to said images or video. Furthermore, I grant permission to use the statements of my child, myself, or my family members given during an interview or evaluation with or without my name for the purpose of advertising and publicity without restriction to time limit or geographic area. I waive my right, my child's rights, and my family's rights to any and all compensation stemming from the use of these materials.

Parent/Guardian Signature: _____

Please CHECK the camp(s) your daughter will be attending:

- _____ College Dreams Pitching Camp (July 8th) \$125
- _____ College Dreams Catching Camp (July 8th) \$125
- _____ College Dreams Hitting Camp Session #1 (Aug 5-7) \$290
- _____ College Dreams Hitting Camp Session #2 (Aug 5-7) \$290

MAKE CHECKS PAYABLE TO:

MARLIN SOFTBALL ACADEMY

MAIL CHECKS & REGISTRATION TO:

**VIRGINIA WESLEYAN SOFTBALL
ATTENTION: BRANDON ELLIOTT
5817 Wesleyan Drive
Virginia Beach, VA 23455**

**MUST BE RECEIVED THE MONDAY PRIOR TO EACH CAMP
YOU CAN REGISTER ON-LINE TOO AT WWW.MARLINSOFTBALLACADEMY.COM**