

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 # _____

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: _____

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

- _____ Marlin Softball Academy Day Camp (June 17-20)
- _____ College Dreams Youth Pitching Camp (July 8th)
- _____ College Dreams Youth Catching Camp (July 8th)
- _____ College Dreams Pitching Camp (July 8th)
- _____ College Dreams Catching Camp (July 8th)
- _____ Marlin Softball Academy Hitting Camp (July 22-24)
- _____ College Dreams Hitting Camp (August 5-7)

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**