VIRGINIA WESLEYAN ACADEMY 2020 Summer Camps Registration

NAME: _____ AGE: ____ TRAVEL ORGANIZATION: __

GRAD YEAR:	T-SHIRT SIZE:	P(POSITION:	
PARENT/GUARDIAN #1:		Cell Phone:	e-mail:	
PARENT/GUARDIAN #2:		Cell Phone:		
ADDRESS:	CITY:		STATE:	ZIP:
Camper's Health Insurance Co.				
Release of Liability For Marlin Softball A do hereby acknowledge that my child's par voluntary and that the Camp, University and nfirmities and/or disabilities which my child risks from injury, and I agree to accept those daughter may incur while attending the cam	ticipation in any of t dor its clinicians sha may encounter as a e risks. I release the	II not in any way be result of such part	responsible or liablicipation. I understa	e for any injuries, ailments, and the nature of potential
Parent/Guardian Signature:				<u> </u>
Photo Release For Marlin Softball Acad By signing, I grant permission to Marlin Softball or oduce photographs and video taken of my any lawful purpose including publication, predium. I hereby release Marlins Softball Acaid images or video. Furthermore, I grant particles in interview or evaluation with or without regeographic area. I waive my right, my child these materials.	pall Academy, its age or child, myself and momotion, illustration academy and its lega permission to use the my name for the purp	embers of my fami , advertising, trade I representatives fr e statements of my pose of advertising	ly while at any Marl or historical archive om liability for any v child, myself or my and publicity withou	in Softball Academy event for in any manner or in any riolation or claim relating to family members given during ut restriction to time, limit or
Parent/Guardian Signature:				
Please CHECK the	camp(s) yo	our daught	er will be a	ttending:
☐ College Drea	ms Defensive Ca	mp & Showcase	(August 3 rd) \$40	0.00
Ple	ase check the def	ensive position b	elow:	
☐ MIDDLE IN		<u> </u>	ORNER INFIELDER	
	☐ PIT	CHER		
☐ OUTFIELDE			ATCHER	
	Limited number	of players per positio	n	
☐ College	Dreams Hitting C	Camp (August 4 ^t	^h) \$85.00	
MAKE CHECK PAYABLE	TO:	MARLIN SC	OFTBALL ACADEM	Y
MAIL CHECK & REGISTR	ATION TO:	5817 WESL	VESLEYAN N: BRANDON ELLIC EYAN DRIVE	ЭТТ

REGISTRATION AND PAYMENT MUST BE RECEIVED NO LATER THAN THE MONDAY PRIOR TO EACH CAMP Register online at www.marlinsoftballacademy.com