

Camp Registration Form

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
\*E-Mail: \_\_\_\_\_ Phone (H) \_\_\_\_\_ Phone  
(Cell) \_\_\_\_\_ Camp Attending: \_\_\_\_\_  
T-Shirt: YL S M L  
Amount Paid: \_\_\_\_\_ Check # \_\_\_\_\_

RELEASE

**Consent to Medical and Release of Liability**

I hereby permit my child to participate in the Clinics/Instructional sessions offered by Stacy Tamborra and Champions Fast Pitch Academy, Inc. . By the execution of this release I acknowledge and agree that all requirements, directions, supervision and standards set by the directors of this program shall be established for his/her benefit. The person enrolling for Champions Fast Pitch Academy Clinics, Lessons, or Instructional Sessions, his/her parents or guardians assume all risk of loss of property or injury to the person, including injuries associated with softball activities, speed, and/or strength camps. I agree that there are inherent risks associated to softball participation and therefore agree to hold Champions Fast Pitch Academy and its employees harmless and specifically agree not to make any claim against Champions Fast Pitch for any of these injuries which may be considered normal risk associated with participation in softball activity.

I hereby voluntarily assume all risk of injury, of any form, to my child, which may arise out of his/her participation in this program, hereby intending to release Stacy Tamborra and personnel associated with this program from liability that may result from his/her participation. In addition, I hereby give my permission for emergency medical treatment in the event I cannot be reached.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_  
Print Athlete's Name \_\_\_\_\_  
Insurance Carrier \_\_\_\_\_  
Policy Number \_\_\_\_\_

\*Please mail Registration and Payment to:  
Champions Fastpitch Academy, Inc.  
505 Commerce Park Drive, Suite I  
Marietta, GA 30060