

# Somers Ponytail Softball "Triple Play" Softball Camp

## Player Information

<u>Name of Player</u>	<u>Address</u>		
<u>Date of Birth</u>	<u>Grade Entering Fall 2008</u>	<u>Phone #</u>	<u>Cell Phone #</u>

Session I: Entering 3<sup>rd</sup> grade thru Entering 5<sup>th</sup> grade; July 14<sup>th</sup> – July 18<sup>th</sup> 9am - Noon  
 Session II: Entering 6<sup>th</sup> grade thru Entering 9<sup>th</sup> grade; July 21<sup>st</sup> – July 25<sup>th</sup> 9am - Noon

**Registering For:**      **Session I** \_\_\_\_\_                      **Session II** \_\_\_\_\_

What position did you primarily play this past season? \_\_\_\_\_

Which position(s) would you like to play? \_\_\_\_\_

## Emergency/Medical Information

<u>Emergency Contact's Name (other than Parent/Guardian)</u>	<u>Emergency Contact's Phone Number</u>
1.	
2.	

Physician Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

Primary Insurance: \_\_\_\_\_ Policy # \_\_\_\_\_

List any medical problem or prohibition player has (including allergies/bee stings) \_\_\_\_\_

Is player presently on or need any medication?: No \_\_\_ Yes \_\_\_ (If yes, please explain)

**Consent for Medical Treatment:** I hereby give permission for the coaching staff to authorize emergency medical treatment in the event that the parent(s)/guardian(s) cannot be reached.

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Waiver Agreement. Please Sign Below:** I am fully aware of the risks inherent in participating in the Somers Little League Softball program and its camps, programs, activities and hereby give my consent for the above named applicant to participate in the program offered by the Somers LL Softball Program. I hereby release Little League, the Somers Little League Softball Program and the Town of Somers, any of its elected or appointed officials or instructors from any and all liability from injuries, claims, or damages which may be sustained by my minor children or me on account of participation in this program.

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### PLEASE CIRCLE BELOW FOR T-SHIRT SIZE:

**Shirt Size:**    Yth Med    Yth Lg    Yth XL    Adult S    Adult M    Adult L    Adult XL

**Registration Fee/Amount Paid:** Cash \_\_\_\_\_ Check \_\_\_\_\_ Check # \_\_\_\_\_

**Registration Fee/Amount Due:** Cash \_\_\_\_\_ Check \_\_\_\_\_ Check # \_\_\_\_\_

Checks Payable to: Ponytail Softball Summer Camp  
 PO Box 132  
 Somersville, Ct 06072  
 (\$50 deposit due by 6/15, \$75 balance due first day of camp)