

# Kellogg Community College **Summer Softball Camp**

**August 21, 2016**

**Bailey Park, Flannery Complex**

**\$50**

***Registration Deadline: August 10, 2016***

These 4-hour camps, hosted by Kellogg Community College's Softball Team and Coaches, will cover both defense and hitting. Participants should come "ready to play" and bring their glove, helmet, bat, snack, and a water bottle. All students registered by the August 10th deadline will receive a t-shirt.

Registration is handled through KCC's Lifelong Learning Office. To register your child, please complete the registration form and release & waiver of liability and either fax it to 269.565.2129 or mail with payment to: Lifelong Learning, 450 North Ave, Battle Creek, MI 49017. You can also register by phone using a credit card by calling 269.965.4134.

## **Session 1**

4th-8th grades

8 am-12pm

## **Session 2**

9th-12th grades

2 pm-6 pm



# Softball Clinic Registration Form

## CAMPER INFORMATION

NAME \_\_\_\_\_ GRADE \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY/ST/ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ TSHIRT SIZE youth: S M L XL adult: S M L XL

PARENT EMAIL ADDRESS \_\_\_\_\_

## PAYMENT INFORMATION

Make checks payable to Kellogg Community College \_\_\_\_\_ CASH \_\_\_\_\_ CHECK \_\_\_\_\_ CHARGE \_\_\_\_\_

CARD NUMBER \_\_\_\_\_ EXP DATE \_\_\_\_\_ / \_\_\_\_\_

## PARENT/GUARDIAN INFORMATION

EMERGENCY CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_

## CONSENT TO PHOTOGRAPHY (please initial)

\_\_\_\_\_ I grant permission to KCC to include my child in any photograph taken during the clinic

\_\_\_\_\_ I do not grant permission to KCC to include my child in any photograph taken during the clinic

## RELEASE FOR MEDICAL TREATMENT

Since most students attending the camp are under 18 years of age, it is necessary that Kellogg Community College have the permission of parents/legal guardians to administer treatment in the event of an accident or sudden illness. If you are 18 years of age or older, sign your name.

Name \_\_\_\_\_ Date of tetanus shot \_\_\_\_\_

Any allergies/allergies to medicines? Please list: \_\_\_\_\_

I hereby authorize any medical treatment which may be advised or recommended for \_\_\_\_\_  
(camper) while at Kellogg Community College.

I have the required insurance: Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Signature of Parent or Legal Guardian: \_\_\_\_\_ Date \_\_\_\_\_

## RELEASE AND WAIVER OF LIABILITY

The undersigned hereby acknowledges that participation in this camp and related activities involves an inherent risk of physical injury, and the undersigned, on behalf of the registrant, hereby assumes all such risk and does hereby release and forever discharge the camp and all employees and agents thereof from any and all liability of whatever kind of nature, arising from and by reason of any and all known and unknown injuries, damage to property, and the consequences thereof, resulting from the registrant's participation in or involvement with this camp, including and failure of equipment or defect in the premises.

*I hereby state that I am the legal guardian of said child and agree to the above statement:*

Signature of Parent or Legal Guardian: \_\_\_\_\_ Date \_\_\_\_\_