

# 3rd - 9th Grade Summer Phillipsburg Softball Camp Registration Form

June 23-26, 2014 at PAC Softball Field  
8 am - 12 pm

Camp fees include daily softball instruction by Varsity softball coaches Kristin Boyer and Alison Robbins as well as several Phillipsburg softball players, and a camp T-shirt.

Please complete the below form & return to the following address ASAP.  
Phillipsburg High School, Attn: Coach Boyer, 200 Hillcrest Blvd. Phillipsburg, NJ 08865

**Fee: \$100**

Checks made payable to: Stateliner Softball

For more information on camps & clinics: please visit [www.statelinersoftball.com](http://www.statelinersoftball.com)

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Grade Entering Fall 2014: \_\_\_\_\_

### Emergency Contact/Consent

I give my consent and approval for the above named student to participate in the Phillipsburg Stateliner Softball Camp from June 23-26, 2014. I also give my consent and approval for the above named student to be treated and cared for by a hospital emergency room staff in the event of an injury/emergency. I understand that the Town of Phillipsburg, the Phillipsburg School District, and the camp coaches are not responsible for any injuries incurred while participating in the summer softball camp. I further acknowledge that the above named student is of good health to participate in the aforementioned camp.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Emergency Contact Name

\_\_\_\_\_  
Parent/Guardian Phone Number

\_\_\_\_\_  
Emergency Contact Number

### Insurance Information

Do you have medical insurance?      Yes      No

If yes, subscriber's name: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Group Number: \_\_\_\_\_

Any Additional Medical Conditions/Concerns: \_\_\_\_\_