

Phillipsburg Softball Summer Camp

Registration Form: 1st - 9th Grade

June 27- June 30, 2016 at *Lopatcong Softball Fields*
8 am - 12 pm

Camp fees include daily age appropriate softball instruction by high school coaches as well as several Phillipsburg softball players, and a camp T-shirt.

Please complete the below form & mail with an enclosed check to *Coach Boyer at Phillipsburg High School, 200 Hillcrest Blvd. Phillipsburg, NJ 08865* before June 17th:

Fee: \$100

Checks made payable to: Stateliner Softball

For more information on camps & clinics: please visit www.statelinersoftball.com

Name: _____
Address: _____
Phone: _____
Email: _____
Grade Entering Fall 2016: _____

Emergency Contact/Consent

I give my consent and approval for the above named student to participate in the Phillipsburg Stateliner Softball Camp from June 27- June 30, 2016. 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: _____