

Summer Camp 2006

Participant's Name (Last, First)	Birth Date	M/ F	T - shirt size	Baseball or Softball	Camp Dates	Fee
_____	_____	___	___	_____	_____	_____
_____	_____	___	___	_____	_____	_____
10% multi-camp discount (10% off camp cost for 2 or more registrations from same family)						_____
						Camp Subtotal: _____
Lunch (\$5/day) : M T W Th F			Snack (\$3/day) : M T W Th F			
						Lunch/Snack Subtotal: _____
						Total due: _____
For office use only: Payment rec'd: Amt: _____ Date: _____ Payment Type: CASH CHECK # _____ Credit Card # _____ - _____ - _____ ex: _____						

Mother/Guardian: _____ Father/Guardian: _____

Household Street Address: _____

City: _____ State: _____ Zip: _____ Home Phone: _____

Cell Phone(s): _____ Work Phone(s): _____

e-Mail address(es): _____ Add to mailing list? Y/N

Emergency Contact: _____ Phone # (during camp hours): _____

Health Insurance Company/Policy Number: _____

I hereby state that my child is in good normal health and is able to participate in a strenuous physical activity. I recognize that all classes and activities of a physical nature involve some risk and, by registering for this activity, I am representing that I understand the possible risks involved with it. I give my permission for emergency medical treatment in the event of injury or sickness. I waive and release Diamond Sports Training, its owners and employees from any and all liability in case of an accident.

Parent/Guardian's Signature: _____ Date: _____

Printed Name: _____

My child's name or likeness may appear in DST promotional materials or ads. (Circle) Y / N