

Diamond Sports Training 2009 Summer Camp Registration Form

Please use one registration form per camper.

Player's Name: _____ **Gender:** _____ **Age:** _____ **Birthdate:** _____

CAMPS	June 22-26	June 29-Jul 3	Jul 6-10	Jul 13-17	Jul 20-24	Jul 27-31	Aug 3-7	Aug 10-14	Aug 17-21	Aug 24-28	Weekly Price	Total Weeks	Total
Circle the camp in the week you wish to attend →	Baseball	Baseball	Baseball	Baseball	Baseball	Baseball	Baseball	Baseball	Baseball	Baseball	\$195/\$130 Full/Half Day		\$ _____
	Softball	Softball	Softball	Softball	Softball	Softball	Softball	Softball	Softball	Softball			
	Multi-Sport	Multi-Sport	Multi-Sport	Multi-Sport	Multi-Sport	Multi-Sport	Multi-Sport	Multi-Sport	Multi-Sport	Multi-Sport			
Multi-camp Discount (10% off camp price - Same family only)												- \$ _____	
Camp Subtotal												\$ _____	
OPTIONS	June 22-26	June 29-Jul 3	Jul 6-10	Jul 13-17	Jul 20-24	Jul 27-31	Aug 3-7	Aug 10-14	Aug 17-21	Aug 24-28	Price	Quantity	Total
Before Care (select weeks)											\$50/wk	_____	\$ _____
After Care (select weeks)											\$75/wk	_____	\$ _____
Snack	MTWTHF	MTWTHF	MTWTHF	MTWTHF	MTWTHF	MTWTHF	MTWTHF	MTWTHF	MTWTHF	MTWTHF	\$3/day	_____	\$ _____
Lunch	MTWTHF	MTWTHF	MTWTHF	MTWTHF	MTWTHF	MTWTHF	MTWTHF	MTWTHF	MTWTHF	MTWTHF	\$5/day	_____	\$ _____
Options Subtotal												\$ _____	
GRAND TOTAL DUE (add Camp Subtotal and Options Subtotal)												\$ _____	

For Office Use Only: Paid Date: _____ Amount: _____ Payment Type: _____ Date in Reg. File: _____ DST Initials: _____

Payment Method: Cash Check (Payable to DST) # _____ Visa MasterCard
 Credit Card # _____ Exp. Date _____
 Cardholder's Name _____ Security Code _____

Parents Name(s): _____ Address: _____ _____ Phone: (h) _____ (h) _____ (w) _____ (w) _____ (c) _____ (c) _____ e-Mail(s): _____ Add to mailing list? Y / N Emergency Contact Name/Phone/Relationship: _____	Health Insurance Co./Policy No: _____ Allergies/Health Concerns: _____ <p>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 a specific activity, I acknowledge that I understand the possible risks involved with this type of activity. 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.</p> Parent/Guardian Signature: _____ Date: _____ Printed Name: _____ My Child(ren)'s name/ image may appear in DST promotional materials: Y / N
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