



Clinic / Camp Sign-Up Form

Date: _____

Sport: Baseball Softball Soccer Lacrosse Field Hockey
 Football Dodge ball Basketball Volleyball Fitness Training

Clinic / Camp Name: _____

Session 1: _____ Session 2: _____

Player's Name: _____ Male Female

Date of Birth : _____ (month/date/year)

Parent/Guardian Name: _____

Address: _____

City / State / Zip _____

Home Phone #: _____ Cell #: _____

Email: _____ Alternate Email: _____

Emergency Contact (Name/Phone) _____

Medical Conditions / Allergies: _____

Medical Insurance Info

Policy Holder: _____

Carrier: _____ Policy # _____ Group # _____

Total Cost: _____ Cash Check Credit Card