

**REGISTRATION FORM
TEAM USA SKILLS CLINIC**

Print and mail form and check in the amount of \$125 to:
West Boynton Girls Fastpitch, Inc.
6391 C. Durham Drive Lake Worth, Florida 33467

PLAYER'S NAME: _____ DOB: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____

EMAIL: _____

*Confirmation of camp application will be sent by email. ***Note: Be sure to check junk email box**

PARENT'S NAME: _____

WORK TELEPHONE: (____) _____

Emergency Phone: (____) _____

Indicate Training You Wish to Receive at Camp:

Primary Position (**circle one**): P C 1B 2B 3B SS LF CF RF

Secondary Position (**circle one**): P C 1B 2B 3B SS LF CF RF

Walk up registration is permissible for an additional cost of \$20

Any cancellations two weeks prior to the camp date will be non-refundable

CONDITIONS OF APPLICATION

Guardian must read and sign below:

1. I understand that this camp is operated by the individual coaches named. Accordingly, I agree to release and hold harmless the individual coaches, its agents, and other staff, while acting in their capacities as such, from any and all claims of liability which may arise in any manner or form from my child's participation in this camp.

2. I hereby authorize CLINICIANS or WBGF INC. to act according to their best judgment, in any medical emergency. As parent/guardian of aforementioned camper, I take full responsibility for payment of injuries that may occur during Softball Camp and I hereby waive and release said persons from any liability of illness/injury incurred while attending camp.

Signature of Parent or Guardian

Camper's Name

REGISTRATION REQUIREMENTS
PLEASE MAKE SURE THAT YOU HAVE COMPLETED THE FOLLOWING
CHECKLIST BEFORE SENDING IN YOUR APPLICATION.

COMPLETE APPLICATION FORM
ENCLOSE CHECK
COPY OF INSURANCE CARD

Mail this form and a copy of health insurance card to:

West Boynton Girls Fastpitch, Inc.
6391 C. Durham Drive
Lake Worth, Florida 33467

Questions: Contact David Scharf at 561-432-0665