

2007 Baseball Camp Registration Form



Florence Storm Baseball Organization

Camp	Date	Hours	Ages	Fee
Baseball	July 16-19	9am-3pm	7 – 12	\$85

Purpose: The Florence Storm Baseball Organization is interested in trying to establish a mutually rewarding and long lasting relationship with Northern Kentucky University to provide participants with the opportunity to improve their skills in baseball.

Lead Instructor: Chip Gregg, NKU Assistant Softball Coach

Location: Northern Kentucky University Softball Field

Registration: Complete one registration form per participant. A check or money order in the proper amount must be included with each registration. In addition, each participant's parents or legal guardians must sign the release statement before a registration can be considered complete. Forms can be printed off our web site: nkstorm.com Questions can be directed to Roy Rader @ 859-371-3379.

Release Statement:

**For and in consideration of participation by my son or daughter in the Florence Storm Baseball Camp.

**I agree to hold Florence Storm Baseball Organization, Northern Kentucky University and its employees harmless and to waive the right to bring legal action against Florence Storm Baseball Organization, Northern Kentucky University and its employees for any injuries sustained during the course of this camp.

**Participants are encouraged to carry their own accident and/or medical insurance. Coaches and instructors of the Florence Storm Baseball Organization and Northern Kentucky University are safety conscious and follow appropriate safety procedures. In the event of injury or illness, every effort will be made to contact the parents or guardians.

**I authorize Florence Storm Baseball Organization and Northern Kentucky University to administer first aid and /or authorize medical treatment if this becomes necessary. The participant has had a medical examination within the last 12 months, and by my signature, I certify that my child has no pre-existing condition that would prevent his/her full participation in the baseball camp.

**This agreement and waiver, having been read thoroughly and understood completely, is signed voluntarily on the registration form as to its contents and intent.

Meal Plans: Participants need to bring their own lunch.

Payment of Fees and Refunds:

Payment of fees may be made by personal check or money order made payable to Florence Storm Baseball. Complete payment of fees must be made by the first day of camp. Refunds of enrollment fees will be made prior to the Friday before the first day of camp. Once a camp begins, refunds will only be issued for those medical reasons supported by a physician's written statement.

Name: _____ DOB: _____
Last First Middle

Grade (Fall 2008) _____ School: _____

Address: _____
Street City State Zip Code

Home Phone: _____ Emergency Phone: _____

Parent's or Guardian's Name: _____ e-Mail: _____

Parent's or Guardian's Signature (denote understanding and acceptance of release statement): _____