

2010 Stanford Softball Academy

Summer Camp Application Form

Name _____

Address _____

City _____ State _____ Zip _____

DOB _____ Age _____

Grade as of Fall '10 _____ Returning Camper? Y of N

Parent/Guardian _____

Phone (C) _____ (H) _____

E-Mail _____

(Email will be used as the primary means of communication)

T-Shirt Size (Adult Sizes) **XS S M L XL**

Stanford Softball Academy

College ID/Advanced Camp
June 21st – 24th (9am-3pm)

Pitching & Catching Camp
June 21st – 24th (3pm-4pm)

All Skills Camp
July 19th – 22nd (9am-3pm)

Pitching & Catching Camp
July 19th – 22nd (3pm-4pm)

Position (circle one) **P C IF OF** _____

Camp Cost:

College ID/Advanced Camp
\$465 by 4/1/10, \$515 until camp

Pitching & Catching Camp
\$100 by 4/1/10, \$125 until camp

All Skills Camp
\$465 by 4/1/10, \$515 until camp

Pitching & Catching Camp
\$100 by 4/1/10, \$125 until camp

Please check one:

- Full payment enclosed
- Send me payment plan option
- Pay in full by June 1st

If not paying in full, a deposit of \$150.00 must accompany the application form. If selecting the payment plan option, a payment plan schedule will be emailed along with your conformation. All summer camp balances must be paid in full by **June 1st, 2010**. Camp balances not paid in full by June 1, 2010 will have a late fee of \$25.00 assessed. A \$100.00 non refundable cancellation fee will be deducted if cancellation is requested up until May 15, 2010. After that date, no cash reimbursements will be granted, only a voucher for our 2011 summer camps for the amount paid less the \$100.00 non-refundable cancellation fee. New registrations received after May 15, 2010 must be paid in full at the time of registration. See the FAQ's at our website www.stanfordsoftballcamp.com for the full cancellation policy.

Please make checks payable to: * Stanford Softball *

Return to: **Stanford Softball Academy**
P.O. Box 10368
San Jose, CA 95157-0368

Questions? Email info@stanfordsoftballcamp.com

Waiver Statements

Medical Coverage

All campers must have their own medical coverage. The Camp provides only supplemental coverage after your insurance policy has been utilized. Campers will not be allowed to play unless this form, a medical form, and a copy of the insurance card are submitted and the form must be a signed by the parent or guardian of the camper.



In order to complete the campers registration, we must receive a CLEAR photocopy of her medical insurance card!

Statement of Disclaimer

I/We, the undersigned, hereby certify that I (we) am (are) the parent or legal guardian of the camper. I hereby give permission to the staff of the Camp to seek, during the period of the Camp, appropriate medical attention for the camper and for the medical attention to be given and for the camper to receive medical attention in the event of accident, injury, or illness. I will be responsible for any and all costs of medical attention and treatment. I/We, the undersigned, hereby acknowledge and understand that the Stanford Softball Academy is a privately operated sports camp, and is not operated by or through Stanford University. The camp is neither sponsored, controlled, nor supervised by Stanford University, but rather is under the sole sponsorship, control, and supervision of the Stanford Softball Academy. I/We, the undersigned, for ourselves, our heirs, executors and administrators, waive, release, and forever discharge The Stanford Softball Academy and Stanford University and its staff, officers, agents, employees, representatives, successors and assigns from any and all liability, claims, demands, actions, and causes of actions whatsoever arising out of or related to any loss, personal injury, or property damage that may be sustained or occur during participation in Camp activities or while at Camp.

Prior to mailing your registration documents, please make sure ALL of the following documents are enclosed:

- __Application Form
- __Medical Form
- __Univ. Liability Release Form
- __Photo copy (front & back) of Medical Card

Registration Packet must be complete in order to be accepted.



Signature (Parent or Guardian)

Date

Official Use Only

Envelope Postmark Date: _____