



Registration and Release

★ ALL-SKILLS CAMPS ★

Medical Insurance

Participants are ***required*** to be medically insured and the medical release form on the next panel must be completed and signed in order to participate.

Equipment

You must bring your own softball equipment to the All-Skills Camp.

Reservation and Payment

To reserve your spot, go to
www.californiacollegeprep.org

On the info page for the Camp, click on the PayPal button ("***Buy Now***") Follow the instructions on the info page regarding this form. Otherwise, fax this Medical Information and Registration Form along with your payment information to:

(916)374-0720

Or bring/mail registration and fee to:

**1270 Triangle Court
West Sacramento Ca. 95605**

For more information call (916) 374-1907

Medical Information Form - Attendees fill out and return.

Full Name: _____ Age: _____

Address: _____

Parent's Name and Address: _____

Medical Insurance Company: _____

Subscribers Name: _____

Insurance Policy #: _____ Group # _____ ID # _____

I hereby register my daughter for the (date:) _____ Camp and authorize the staff to direct her in participation in Camp activities. My daughter has no medical problems which may affect her participation in your program. The staff is authorized to attend to any health problem or injury my daughter may incur while attending Camp. I understand that my daughter must have current medical insurance before she may attend the Camp. Neither my daughter nor I will hold All American Softball, Inc. liable for any injuries or expenses relating to injuries while my daughter is at Camp.

Date _____ Signature of Parent/Guardian _____

REGISTRATION FORM

Name _____ Birthdate _____ Position _____

Address _____

City _____ State _____ Zip _____ Phone(s) _____

Grad year _____ School _____ Ht. _____ Wt. _____

Summer Team _____

Parent Name _____ Business Phone _____

E-Mail(s) _____

Emergency Telephone _____

PAYMENT METHOD AND AMOUNT (circle or check one and provide applicable info):

(No refunds unless specified on the on the event flyer.)

_____ I HAVE PAID VIA PAYPAL (this is preferred)

CASH: \$ _____ CHECK #: _____

VISA or MASTERCARD:

CC Number: _____

Expiration Date: _____ 3-digit code on back of card: _____

Yes, I authorize this charge of \$ _____ on my Credit Card.

Signature of card holder: _____

PHOTOS: As parent/guardian of attendee, I understand that photos may be taken at this event that may show attendee, and that the images obtained by California College Prep may be used by them in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me or attendee by reason of such use.

_____ I have read and agree to these terms _____ SIGNATURE