

2012 CAROLINA SOFTBALL CAMPS

REGISTER ONLINE AT www.carolinasoftballcamps.com FOR INSTANT REGISTRATION OR MAIL IN THIS FORM

NAME: _____

Date of Birth: _____ Age: _____ HS Graduation Year: _____

EMAIL: (Print clearly!) _____

MAILING ADDRESS: _____

City: _____ State: _____ Zip Code: _____ HOME PHONE: _____

PARENT/GUARDIAN NAME: _____ Cell Phone: _____

PARENT/GUARDIAN NAME: _____ Cell Phone: _____

PLEASE COMPLETE ALL SECTIONS AND MAIL TO: CAROLINA SOFTBALL CAMPS - PO BOX 3732 - CHAPEL HILL NC 27515

Please check the camp (s) you are registering for:			
2 Day Hitting Clinic	June 12 & 13	\$310	OFFENSIVE CLINICS RUN 10AM-4PM EACH DAY
Slapping and Short Game Clinic	June 18	\$160	
12U Team Camp	June 19	\$500 Per Team	LIMITED TO 4 TEAMS PER CAMP TEAM CAMP REGISTRATION DEADLINE: JUNE 10, 2012
14U Team Camp	June 20		
16U Team Camp	June 21		
Advanced Pitching and Catching Camp (Commuter)	July 16 & 17	\$315	
Advanced Camp – Overnight	July 17-20	\$500	
Advanced Camp – Commuter	July 17-20	\$425	JULY CAMPS REGISTRATION DEADLINE: July 6, 2012
CAMP SPECIAL – P & C & Advanced Camp (Overnight)	July 16-20	\$675	
CAMP SPECIAL – P & C & Advanced Camp (Commuter)	July 16-20	\$590	Please indicate your primary position: P C 1B 2B SS 3B OF
Pitching & Catching Camp for Beginners (up to 8 th grade)	July 23	\$165	Please indicate your secondary position: P C 1B 2B SS 3B OF
Tar Heel Day Camp (9am-5pm each day)	July 24-26	\$365	
Lil' Heels (9am-noon each day) Ages 5-9	July 24-26	\$145	
ADDITIONAL FEES: Overnight Campers – please note that a \$75 key deposit will be due at CHECK-IN			
I need to arrive for camp a day early		\$60	FULL PAYMENT IS DUE WITH REGISTRATION Make checks payable to: CAROLINA SOFTBALL CAMPS (there will be a \$30 fee for checks returned due to insufficient funds) TOTAL ENCLOSED \$
I need RDU airport shuttle transportation; one way		\$30	
If your registration deadline has passed, please call 919-843-0128 to confirm available space. If you are approved for late registration, please include this late fee with your payment		\$30	

*** REQUIRED: MEDICAL RELEASE:** All campers must have their own medical coverage. The Carolina Softball Camps, Inc. provides only excess coverage after your insurance policy has been utilized. CAMPERS WILL NOT BE ALLOWED TO PARTICIPATE UNLESS THE FOLLOWING INFORMATION IS SUBMITTED AND THE FORM SIGNED BY THE PARENT OR LEGAL GUARDIAN OF THE CAMPER. A health insurance and medical information form will be mailed to you upon receipt of your application.

CAMPER'S INSURANCE COMPANY: _____ POLICY #: _____
 COMPANY ADDRESS: _____ PHONE: _____

*** REQUIRED: WAIVER STATEMENT:** I/We, the undersigned, hereby acknowledge and understand that the Carolina Softball Camps is a privately run sports camp, and is not operated by or through the University of North Carolina at Chapel Hill. The Camp is neither sponsored, controlled, nor supervised by the University of North Carolina but rather is under the sole sponsorship, control and supervision of the Camp Director, Donna Papa.

I/We the undersigned, for ourselves, our heirs, executors, and administrators, waive, release, and forever discharge The University of North Carolina at Chapel Hill and the Carolina Softball Camps, Inc. and its staff, agents, employees, representatives, successors and assigns from any and all liability, claims, 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.

In addition, I agree to the terms of registration and payment as stated in this application. I also understand that the camp registration will not be accepted without FULL PAYMENT and a SIGNED WAIVER FORM. \$150 of the registration fee will be non-refundable after June 18, 2011.

Parent/ Legal Guardian Signature(s) _____ Date _____

FOR OFFICE USE ONLY:

_____ TMP&C ADV SPEC TH LH
 Date Rcvd Bank/State Check# EARLY KEYDEP SHUTTLE OTHER