

# Upstate Fastpitch Softball Camp at USC Upstate

## Camp Application

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Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Age \_\_\_\_\_

Graduating Class \_\_\_\_\_

High School \_\_\_\_\_

Summer Ball Team \_\_\_\_\_

Parent's/Guardian's Name \_\_\_\_\_

Emergency Contact/Phone Number \_\_\_\_\_

Bat \_\_\_\_\_

Primary Position \_\_\_\_\_

2nd Position \_\_\_\_\_

3rd Position \_\_\_\_\_

Resident \_\_\_\_\_

Commuter \_\_\_\_\_

### Parent/Guardian Authorization

I hereby give permission for my daughter to participate in the Upstate Fastpitch Softball Camp at USC Upstate and acknowledge the fact that she is physically able to participate in camp activities. I hereby authorize the staff of the Upstate Fastpitch Softball Camp at USC Upstate to act for me according to their best judgement in any emergency requiring medical attention for which services I will pay and release the Upstate Fastpitch Softball Camp at USC Upstate from any and all liability for any injuries or illnesses incurred while at camp.

### Health Plan

Name \_\_\_\_\_

Policy Number \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_