



**SELECT BASEBALL CAMP
REGISTRATION FORM
July 1-3, 2007 @ U.W. Stevens Point**



PLAYER INFORMATION

NAME: _____ HOME # (____) _____

STREET: _____

CITY: _____ ST: _____ ZIP: _____

E-MAIL: _____ DATE OF BIRTH: _____

PRIMARY POS. _____ SECONDARY POS. _____

THROWS (circle): Right Left BATS (circle): Right Left

HIGH SCHOOL: _____ YR OF GRAD. _____

PARENT NAMES: _____ DAY # (____) _____

ROOMMATE REQUEST: _____

WAIVER—PARENT SIGNATURE REQUIRED

I, the undersigned, do hereby agree to participate in the activity indicated. I am aware of and understand there may be potential risks inherent with participation in any recreation activity, and Showtime Sports does not provide accident insurance and cannot assume responsibility for injury to any participants in its camps. All refund requests must be submitted in writing. If your request is received more than 21 days before the camp begins you will be charged a \$100 administrative fee. If a refund request is received less than 21 days before the camp begins you will not be eligible for a refund. Showtime Sports will consider medical excuses on a case-by-case and a medical excuse must be submitted from your doctor. I further understand the program content and refund policies as stated.

SIGNATURE: _____ DATE: _____

OFFICE USE ONLY

Date Received _____

Amount Paid: \$ _____

Payment Method:

 Check

Payment Information:

HOW TO REGISTER: Online or by Mail

- 1) Complete the registration form and sign the waiver.
- 2) Include check in the amount of \$400 made payable to Showtime Sports.
- 3) Mail Registration Form and Check to the address listed below.
- 4) Register online at www.showtimesportscamps.com and pay via Paypal by credit card.

SHOWTIME SPORTS CONTACT INFORMATION

P.O. Box 578, Brookfield, WI 53008-0578
 Web: showtimesportscamps.com
 John Kelliher (414)315-0476, jkelliher@showtimesportscamps.com
 Bill Grams (920)759-0694, bgrams@showtimesportscamps.com