

**2019 Roosevelt Summer Softball Camp application**

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**City/state** \_\_\_\_\_ **zip** \_\_\_\_\_

**Name of parent(s)** \_\_\_\_\_

**Cell phone** \_\_\_\_\_

**E-mail Address** \_\_\_\_\_

**Birth date** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Age** \_\_\_\_\_

**Grade (as of fall 2019)** \_\_\_\_\_

**Please Return this form to Tanner Bales or at Camp.**

I \_\_\_\_\_ (Guardian Name) hereby give permission for my child  
\_\_\_\_\_ (Child's Name) to participate in the 2019 Roosevelt Softball Camp. I  
\_\_\_\_\_ (Guardian Name) hereby release the camp instructors, its administration and  
employees from all claims from illnesses & injuries which may be sustained by your child, and I authorize the director or  
his designee to select hospital facilities and/or the physician of his choice; I \_\_\_\_\_  
(Guardian Name) authorize treatment of the above named camper on an emergency basis in the event such treatment  
becomes necessary while attending the Roosevelt Softball Camp.

Signature of Parent or Guardian

Date     /     /