

Players Name _____ Age _____

Address _____ City _____

Zip _____ Allergies _____

Any Medical Concerns _____

Parents Name _____ Cell Phone # _____

Email Address _____

Parents Name _____ Cell Phone # _____

Email Address _____

Please select softball camp session

June 13 - 16

June 20 - 23

June 27 - 30



I understand that participation in sports and physical activity may lead to injury and hereby give my permission for my child to participate in the Plantation Pressure Softball Camp. I release, and hold harmless all Camp employees, the City of Plantation, its directors, coaches, or any other employees from all claims, demands, suits, causes of action, or judgments which I ever had, now have, or may have in the future for injuries or illness that might occur during these summer camp activities. I verify that to the best of my knowledge the above named applicant is physically able to fully participate in all activities associated with these programs. As a participant in a sports environment, the above camper accepts the responsibility to play in a sportsmanlike manner and accepts the inherent risk of athletic injury.

I have read and understood the foregoing registration liability release and parental consent form, and agree to all of its terms and conditions.

Parent Signature _____

Mail completed form to:

Robyn Handler

1160 SE 9th Ave

Pompano Beach, FL 33060

You may pay via the PayPal link provided or include your check payable to ROBYN HANDLER.