

**GRAND SLAM U.S.A.
SUMMER CAMP 2010 REGISTRATION FORM**

Name: _____ Birthdate: ___/___/___ Age: _____
Street: _____ City: _____ Zip: _____
Home Phone: _____ Work Phone: _____

Parent/Guardian Name (PRINT): _____
Medical Insurance Information: _____
Policy Number: _____

Circle T-Shirt Size: Youth: L Adult: S M L XL

Extended Care: _____ YES _____ NO

Camp Session Desired (Check One)

_____ Week 1: June 14th-18th Urbandale LL Full Day

METHOD OF PAYMENT

Payment due at time of registration. Full Day Camp is \$150.00 and \$120.00 for each additional family member. Card members receive an additional 10%, 15%, or 20% discount, depending on discount card.

Check: _____
Credit Card Type: _____
Card Number: _____
Expiration Date: _____
Amount Paid: _____

RELEASE: I HEARBY AUTHORIZE THE STAFF OF GRAND SLAM U.S.A. SUMMER CAMPS TO ACT FOR ME ACCORDINGLY IN ANY EMERGENCY MEDICAL SITUATION. I HEREBY WAIVE AND RELEASE THE CAMP AND GRAND SLAM U.S.A. FROM ANY AND ALL LIABILITY FOR ANY INJURY OR ILLNESS SUSTAINED WHILE ATTENDING THE CAMP. I ALSO UNDERSTAND GRAND SLAM U.S.A. RETAINS ALL PHOTOGRAPHY RIGHTS.

PARENT/GUARDIAN

SIGNATURE: _____

GRAND SLAM U.S.A.
4137 120TH STREET
URBANDALE, IA 50323
(515) 278-1070
www.grandslamusadm.com