



ENROLLMENT FORM

Last Name _____ First Name _____

Email: _____

Address _____

City _____ ST _____ Zip _____

Phone (Home) _____ Work _____

Mobile _____ Grade Entering: _____

Age _____ Birthdate _____ Gender (Circle) M / F

School _____

Emergency Contact Name _____

Emergency Contact Phone Number: _____ Relationship: _____

Medical Conditions/Allergies: _____

Health Insurance Carrier: _____

Policy #: _____

Camp Location _____ Week of _____

Preferred Shirt Size (Circle) YS/YM/YL/AS/AM/AL/AXL/A2XL Prepaid Lunch: \$25.00 ? (Y / N)

I, _____, being the parent or guardian of _____ ("Camper"), a minor, hereby agree to the following:

- a. Camper is in good health, with no present medical or psychiatric conditions that would prevent attendance and full participation at an ALL-BALL! Inc. Camp.
- b. Camper has health insurance.
- c. I hereby release and hold ALL BALL!, its shareholders, directors, officers, and employees harmless from any and all injuries, accidents, damages or losses that Camper may incur whether from natural or manmade causes, foreseeable or unforeseeable, expected or unexpected.
- d. I am aware that the engaging in recreational and sports activities at the camp may be a hazardous activity. Camper is voluntarily participating in this activity with knowledge of the danger involved and I hereby agree to accept and assume any and all risks of injury associated therewith including, but not limited to, property damage, personal injury, bodily injury, or death.
- e. As consideration for being permitted to attend and participate in an ALL BALL! camp, I hereby agree that I, on behalf of myself and Camper, will not make a claim against, sue or attach the property of or make any other demand on ALL BALL!, its shareholders, directors, officers, and employees or any of their affiliated organizations for injury or damage resulting from negligence or gross negligence or other acts, howsoever caused, by any employee, agent, or contractor of ALL BALL! or any of their affiliated organizations as a result of Camper's attendance and participation at an ALL BALL! camp. I hereby release ALL BALL!, its shareholders, directors, officers, and employees and any of their affiliated organizations from all actions, claims, or demands that I now have or may hereafter have for injury or damage resulting from attendance and participation at an ALL BALL! camp.
- f. I agree that ALL BALL! may render immediate emergency medical treatment and/or transport Camper to a medical care facility.
- g. ALL BALL! have my permission for photographs and/or videos to be taken of Camper and ALL BALL! has the right to utilize such materials in brochures and other promotional materials.
- h. I agree that Camper must abide by camp policies and the instructions of the camp staff. I agree that should Camper be dismissed from camp, no part of the tuition shall be refunded.
- i. I agree that no part of my tuition shall be refunded for late arrivals, early departures, vacations, illness or injury.

Signature: _____ Date: _____