

Name		Birthdate	
Address			
City			Zip
Phone 1	Phone 2		
Parent's Name	Email		
Parent/Guardian Name & Signature  I hereby authorize the director of the Balls-n-Strikes camp to act for me according to his/her best judgment in an emergency requiring medical attention. I know of no mental or physical problems, which might affect my child's ability to safely participate in this camp.  I will be responsible for any medical or any other charges in connection with his attendance at camp. I agree to abide by the rules and regulations of the camp.			
Credit Card # (MC, VISA, Discover)	E	Expires	CVV
Credit Card Signature			

Position(s): ☐ P ☐ C ☐ 2 Days P / 2 Days C

Age Group: 🔲 5-

**□** 5-6

**□** 7-9

**□** 10−12

□ 13-14

Balls-n-Strikes Ballwin 203B Ramsey Ln, Ballwin, MO 63021 636-394-2255

