

Address State Home Phone Daytime Phone Cell Phone Fmail 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 safe 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)_ Credit Card Signature **Softball Camps** Position(s): T-Shirt: □ P □ C □ 1B □2B □3B □SS □ 0F \square YM \square YL \square S \square M \square XL ☐ Summer Camp (Ages 5–8) **Baseball** June 13–16 ■ Arnold Athletic Associatio June 6-9 June 13-16 June 20-23 Camp Type: ■ Clydesdale Park ■ Arnold Athletic Association ■ Affton Athletic Association ☐ Summer Camp (Ages 9–12) July 11–14 ■ Affton Athletic Association June 27-30 July 11-14 July 18-21 ☐ Major Select Camp (Ages 8–12)

■ Affton Athletic Association

■ BNS South County

■ Clydesdale Park