



UML Summer Softball Camp

July 12-16, 2010

Registration

Camper's Name _____

Primary Position _____ Secondary Position(s) _____

Parent/Guardian Name(s) _____

Home Phone () _____ Cell Phone () _____

e-mail _____

Camper's School _____ Grade _____

Please Sign: *I understand that UMass Lowell and the Softball Clinic will not be liable or responsible for accidents and medical and dental expenses incurred as a result of participation in this program. In the event of injury or illness, the clinic has my permission to seek any emergency medical treatment deemed necessary.*

Signature of Parent/Guardian _____

Date _____

Insurance Company _____

Policy # _____

Medications/Known Allergies _____

Please make checks payable to **UMass Lowell Softball** and mail to:

UMass Lowell Softball Clinics
One University Ave
Lowell, MA 01854

Questions or Concerns? Call the UML Softball Office at (978) 934-3977 or e-mail assistant coach Danielle Mason at danielle_mason@uml.edu