



Registration Forms

Fall 2011 – Winter 2012 Softball Camps

Camper Name: _____ Age: _____ Grade: _____

Position 1: _____ Position 2: _____ Bats: R L Throws: R L (circle one)

Parent(s) Name: _____ Email: _____

Address: _____ City: _____ State: _____

Phone Number: _____ T-Shirt Size**: _____

INSURANCE

Each participant must have insurance coverage, this form and registration form in order to attend camp. Each camper will be covered under a secondary insurance policy with limited benefits that is provided by The University of Mississippi. If a camper is injured, the parent/guardian will be requested to work with officials of The University of Mississippi's Athletics Department to provide the proper information regarding the injury to the secondary insurance provider.

Insurance Company's Name

Policy # or Group #

Policy Holder's Name

Please Mark the Camp(s) or Clinic you are registering for:

Table with 5 columns: Registration mark, Date, Time, Camp Name, Cost. Rows include Youth Camp, Fall Skills 1 Day Clinic, Winter Pitcher/Catcher Camp, Winter Hitting Camp, Preseason Defensive Skills Camp, and Preseason Hitting Camp.

Discounts: \$25 off per player for Team of 8 or more registering together, siblings, or registering for both Morning and Afternoon sessions of Winter or Preseason Camp. Only one discount applicable per registrant.

**T-shirts will be available for purchase at the Youth and Fall camp, Campers will receive a free t-shirt at the Winter & Preseason camps.

Total Enclosed: _____

Make Checks Payable to: Ole Miss Softball, Gillom Sports Center, PO Box 1848, University MS 38677

OR register online at www.olemisssports.com