

2010 MVP SPORTS FASTPITCH SOFTBALL MINI- CAMP ENROLLMENT FORM

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Name of parent or guardian _____

Current Grade _____ Age _____

T-Shirt Size (Circle One) YL AS AM AL AXL

CAMP DATE

Saturday, May 8th 2010

*There is no rain date scheduled, participants will have a choice for a full refund or to set up a one on one hitting lesson with camp director, Jeremey Kendall. Refunds will be mailed to the address listed above. To set up a one on one hitting lesson please contact MVP Sports at 608-386-4225 or email jeremeymvp@charter.net.

The full tuition must accompany this application and return to MVP Sports, LLC:

MVP Sports, LLC

P.O. Box 82

Holmen, WI 54636

Make checks payable to: MVP Sports, LLC

Amount Enclosed: \$ _____

PARENT/GUARDIAN RELEASE FORM:

In consideration of the acceptance of _____, the applicant agrees that MVP Sports, LLC And/or staff, instructors, camp director will not be held responsible for any injury or loss of personal property, however caused and agree to release MVP Sports, LLC from all claims or damages which may arise as a result of such injuries or loss. It is further agreed that all risks while watching and/or participating in the MVP Sports Fastpitch Softball Mini-Camp are assumed by the students and his/her parents and/or guardian, approved by the signature hereto. We have read the foregoing, and agree to the terms and conditions stated. We the parents and/or guardian of the above signed applicant, give our consent to his/her participation in the MVP Sports Fastpitch Softball Mini-Camp. I also certify that the enrollee is medically fit to participate in your program.

Parent or Guardian Signature

Date