



ENROLLMENT FORM FOR 2010 SPRING TRAINING BASEBALL CAMP

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Name of parent or guardian _____

Current Grade _____ Age _____

Favorite MLB team _____

T-Shirt adult size (Circle One) S M L XL

CAMP SESSION ATTENDING

Session 1 (May 1st) Session 2 (May 2nd)

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 Spring Training Baseball 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 Spring Training Baseball Camp. I also certify that the enrollee is medically fit to participate in your program.

Parent or Guardian Signature

Date

