



2010 PRIDE OF THE DIAMOND SOFTBALL SUMMER CAMPS AT VETERANS PARK

Name: _____

Age: _____ (During Camp Dates)

Shirt Size: (S) (M) (L)

Phone Numbers:

(H): () - _____ - _____

(C): () - _____ - _____

(Emer.): () - _____ - _____

Mailing Address: _____

City State Zip

E-mail: _____

Position #1: _____ Position #2: _____

Check No.: # _____

Amount: \$ _____ .00

REGISTRATION

Please see page two for more information about camps and pricing.





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Please place an "X" in the box next to the appropriate camp(s)

Camps

<u>Sessions:</u>	<u>Ages:</u>	<u>Date:</u>	<u>Time:</u>	<u>Price:</u>
<input type="checkbox"/> <u>Session 1:</u> All Skills Camp	7-16	June 21-24	9 a.m. - 12:30 p.m.	\$100.00
<input type="checkbox"/> <u>Session 2:</u> Hitting Camp	10-18	June 28-30	9 a.m. – 11 a.m.	\$50.00
<input type="checkbox"/> <u>Session 3:</u> Pitching Camp	10-18	June 28-30	11:30 a.m. – 1:30 p.m.	\$50.00
<input type="checkbox"/> <u>Session 4:</u> Catching Camp	10-18	June 28-30	9:00 a.m. – 12:30 p.m.	\$100.00
<input type="checkbox"/> <u>RASA Camp</u> All Skills Camp	10-18	Aug. 9-11	9:00 a.m. – 12:30 p.m.	\$100.00* \$25 RASA Discount

Please see page three for the
camp release form.





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Release Form

I hereby authorize the staff of the camp to act for me, according to their best judgment, in any emergency requiring medical attention, and hereby waive and release the camp from any and all liability for any injuries or illnesses incurred while at camp. I have no knowledge of any medical problem or physical impairment that would be affected by the named camper's participation in the camp program.

Name of Parent/Guardian (printed): _____

Signature of Parent/Guardian: _____ **Date:** _____

Please return this form and your check to the address below

Make Check Payable To:

Neiman Sports Group
C/O Jon Adams
P.O. Box 444
Center Valley, PA 18034

