



SPEED CAMP REGISTRATION FORM

FIRST NAME:

LAST NAME:

AGE (MUST BE 7-17 YEARS OLD):

ADDRESS:

LINE 2

TOWN:

ZIP:

HOME PHONE:

CELL PHONE:

EMAIL:

ADULT T-SHIRT SIZE: S M L XL

PARENT/GUARDIAN PRINT NAME

RELEASE AND WAIVER OF LIABILITY

I understand that playing or participating in the above sport may be a potentially dangerous activity involving risk of injury. I understand that in any contact sport, such as the sport involved at this camp, an athletic participant can be seriously injured. I am aware that the dangers and risks of my child's/ward's playing or participating in the above sport include, but are not limited to, falls, contact or collisions with other participants, equipment and facilities, and the effects of weather, including heat and humidity (facilities are not air conditioned). I have certified to the director, by my signature below, that my child is in good health and physical condition and sufficiently able to participate in the above sport and the camp. I have advised the director of any limitations on my child's/ward's activities for medical reasons in writing below. Knowing and having been informed of the potential dangers and risks associated with playing the above sport, and in consideration of my child/ward being allowed to participate in the camp, I hereby agree on behalf of myself, my family members and my child/ward to assume all such risks and further, to waive, release, discharge and hold harmless the Kelo-Stochmal Sports Camp, LLC, its director and their respective employees from any and all liability, actions, causes of actions, claims or demands for personal injury and/or illness of any kind or nature, and any other claims whatsoever arising out of, or in any way connected with, my child's/ward's playing and participating in the above sport and camp. I fully understand that the camp participant will be held responsible for all property damage. This Release and Waiver extends to all claims of every kind or nature whatsoever, foreseen or unforeseen, known or unknown. I hereby consent to permit the coach and staff working at the Kelo-Stochmal camp to provide emergency first-aid or medical treatment for my child/ward, according to their best judgment, in the event he/she suffers an injury or illness while participating in the camp or on the camp premises. The camp is not responsible for personal items that are lost, stolen or damaged. I also understand that pictures taken at the camp may be used in any promotional materials.

DATE Tuesdays & Fridays Jan 10th - Feb 17th
SESSION 1 400PM - 445PM
SESSION 2 500PM - 545PM
**One session per camper*
LOCATION Valley Batting Cages
 132 Silvermine Rd, Seymour CT
FEE \$156 Per Camper

**NO REFUNDS ALLOWED AFTER
 1ST DAY OF CAMP**
 NO REFUNDS FOR CANCELLATION DUE TO WEATHER

**REGISTRATION WILL BE TAKEN
 AT THE DOOR**

ALLERGIES

OTHER

SIGNATURE OF PARENT

DATE

**PLEASE NOTE THE CAMP HAS THE RIGHT TO DISMISS ANY
 CAMPER WHOSE ACTIONS ARE NOT IN THE BEST INTEREST OF THE CAMP**

QUESTIONS?

CALL 203.888.0716 EMAIL INFO@KELOSTOCHMALCAMPS.COM
 OR VISIT OUR WEBSITE WWW.KELOSTOCHMALCAMPS.COM