

2008 Pomona-Pitzer Team Camp

Individual Player Application

Tuition: **Overnight** **\$405**
 Day Only **\$250**

Camp runs Thursday, June 26 to Monday, June 30, 2008

School: _____

Varsity Coach: _____

Player's Name: _____

Home Address: _____

Home Phone: (_____) _____

Grade in '08 - '09: _____

Height: _____ Weight: _____

Make checks payable to: **Dignan Sports, Inc.**

******* Return this application and deposit to your coach. *******

I hereby authorize the directors of the Pomona-Pitzer Team Camp to act for me according to their best judgment in any emergency requiring medical attention. I hereby waive and release said organization. I know of no mental or physical problems that might affect the above player's ability to safely participate in this camp. I will be responsible for any medical or other charges in connection with attendance in camp. (However, the Pomona-Pitzer Team Camp will provide insurance where each camper's insurance ends.) I have read the rules and regulations of the camp and both the camper and I agree to abide by them.

Parent or Guardian Name (Print) _____

Parent or Guardian (Sign) _____

Insurance Company _____

Policy Number _____