

Registration Form

2018 Gilman City Softball Camp  
October 20<sup>th</sup> – 21<sup>st</sup>  
Gilman City Softball Field

Age Group (Circle One):

**Elementary (4<sup>th</sup>-6<sup>th</sup> grade)**

**JH/HS (7<sup>th</sup>-12<sup>th</sup> Grade)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone #: \_\_\_\_\_

2018-2019 School Grade: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

T-Shirt Size: Youth:  Small  Medium  Large  
Adult:  Medium  Large  X-Large

I, \_\_\_\_\_, agree not to hold the Gilman City Softball Camp, The Gilman City Ball Association, the Gilman City School, or any staff/volunteers responsible for any injuries that may occur during any and all activities provided by the Gilman City Softball Camp. Through signing this form, I understand that I am releasing the Gilman City School, the Gilman City Ball Association, the Gilman City Softball Camp, and any staff/volunteers from any and all liability due to injury, loss of personal equipment, or damage of personal equipment.

Name of Parent or Guardian: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_

Method of Payment:  Cash  Check  Money Order

*Mail Payment and Registration Form to*

**Gilman City Ball Association  
ICO Jesse Crump  
203 Broadway Avenue  
Gilman City Missouri, 64642**

*Make Checks Payable to **Gilman City Ball Association**  
For More Information Call or Text Jesse Crump at **(660)373-0285***