

USSSA Under Armour

Winter Hitting Camp for ages 6-14

Hosted By: Brad Madden Head Baseball Coach Green Mountain HS

REGISTRATION FORM

Name: _____

Address: _____

Age: _____

Insurance Company _____

We (I) as parent or guardians, hereby release USSSA Under Armour Indoor Hitting Facility, and staff from all claims on account of injury sustained by the above named participant while attending the USSSA Under Armour Winter Hitting Camp . We (I) give permission for my son/daughter to participate in the USSSA Under Armour Hitting Camp hosted by Coach Brad Madden .

Date _____

Signed _____

For further information contact Coach Madden 303-870-8461