

# Temple College Softball Hitting Camp

## Registration Form

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

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

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

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

Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Year of Graduation: \_\_\_\_\_ Age: \_\_\_\_\_

High School: \_\_\_\_\_ Coach: \_\_\_\_\_

Travel Ball Team: \_\_\_\_\_ Coach: \_\_\_\_\_

T-Shirt Size:      S      M      L      XL

Please mail form to:  
Temple College Softball, 2600 South First Street, Temple, TX 76504  
or Fax to: 254-298-8532  
or Email to [kristen.zaleski@templejc.edu](mailto:kristen.zaleski@templejc.edu)

## Waiver Form

I, the undersigned, as a parent or legal guardian of a minor child \_\_\_\_\_, hereby release Temple College and the camp staff from any and all claims resulting from participation of my child in camp. We (camp staff) reserve the right to excuse a camper if needed for any disciplinary reason.

Parent or guardian: \_\_\_\_\_

Parent or guardian signature: \_\_\_\_\_