Softball Summer Camp Player Form

First Name	
Last Name	
Date of Birth	
Age	
Address	
City	
State	
ZIP Code	
Parent/Guardian Name	
Parent/Guardian Phone	
Email Address	
Emergency Contact Name	
Emergency Contact Phone	
Softball Experience (years)	
Preferred Position	_
T-Shirt Size	<u>*</u>
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Please list any allergies or medical conditions	

Additional Notes