

Paid \_\_\_\_\_ Insurance Card \_\_\_\_\_  
Date \_\_\_\_\_ Staff \_\_\_\_\_

## Poarch Creek Indians

### 2010 Softball Clinic

(Application must be filled out completely)

The following application is for ages 7-17 years old. Applications will be taken between now and August 21, 2010. All applications must be turned into the Wellness & Activities Center (Gym) no later than Friday, August 20, 2010 by 5:00 P.M... The registration fee of \$35.00 is due, upon turning in your application. You must fill out a medical information and release form. **Please put your child's correct shirt size on this form. Do not forget your glove and cleats.** If you have any questions, feel free to contact Eddie Jackson or Jacob McGhee at 368-9136 extension 2256.

Child's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Home Phone :( ) \_\_\_\_\_ Cell Phone :( ) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex(M/F): \_\_\_\_\_

School Attending: \_\_\_\_\_ Gender: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Work #: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Work #: \_\_\_\_\_

Child Lives with: Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ **Shirt Size:** \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact #: Home: \_\_\_\_\_ Cell#: \_\_\_\_\_

Relationship to child: \_\_\_\_\_