

Name	Birthdate		
Address			
City	State		Zip
Phone 1	Phone 2		
Parent's Name	Email		
Parent/Guardian Name & Signature I hereby authorize the director of the Balls-n-Strikes camp to act for me according to his/her best judgment in an emergency requiring medical attention. I ke I will be responsible for any medical or any other charges in connection with his attendance at camp. I agree to abide by the rules and regulations of the ca	know of no mental or physical problems, which might af	fect my child's ability to safely participa	ate in this camp.
Credit Card # (MC, VISA, Discover)		Expires	CVV
Credit Card Signature			

Position(s):

☐ P

□ C

2 Days P / 2 Days C

Age Group:

□ 5-6

□ 7-9

□ 10-12

□ 13-14

Balls-n-Strikes Ballwin 203B Ramsey Ln, Ballwin, MO 63021 636-394-2255

