

PORTA SOFTBALL CAMP 2009 REGISTRATION FORM

Camper: _____ Grade in 09-10: _____

Address: _____

School: _____ Age: _____

T-Shirt Size: Adult S M L XL
 Youth S M L

Emergency Contact: _____

Emergency Phone: _____

Please return your registration form and fee to your school office or mail to:

**PORTA Softball Camp
Attn: Joe Pokorny
5 Maple Grove
Petersburg, IL 62675**

I hereby waive and release PORTA District #202, coaches, directors, and officers from any claims or rights for injuries or losses that may be suffered by me or my child directly or indirectly by her participation in this camp.

Signed Participant _____ Date _____

Signed Parent/Guardian _____ Date _____

PLEASE RETURN TO COACH POKORNY BY MAY 29!!!