



Registration Form

Please Print, Fill Out, Sign
and include payment in envelope if mailing, or call 631-647-7757.

Player Information:

Name: _____

Address: _____

Town: _____ Zip: _____ D.O.B. ____ / ____ / ____

Phone # _____

Email: _____

Emergency contact: _____

Emergency Phone Number: _____

Parent or Guardian must sign:

As parent or guardian of the above applicant, I authorize the CAGE / Fastpitch World and their coaching staff to request medical treatment as necessary to insure the well being of the applicant. We the undersigned, for ourselves, our heirs, executors and administrators, waive and release and forever discharge the CAGE / Fastpitch World, its staff, officers, agents, representatives, employees, successors and assigns of and from any and all rights and claims for damages to person or property which may be sustained or occur during participation in activities, to or from the program, whether said damages, injury or loss are the result of negligence or any other cause. We also give the CAGE / Fastpitch World the right to use any pictures taken from any activity that may be attended.

Parent/Guardian

Date

Softball Camp @ St. John's University

Check One:

Position Player _____ Pitcher _____ Catcher _____

Shirt Size (mens sizes):

Small _____ Medium _____ Large _____ X-Large _____

Position: \$225.00

Pitcher: \$100.00

Catcher: \$150.00

Position/Pitcher: \$300.00

Position/Catcher: \$325.00

Please mail Checks payable to the Fastpitch World

1250 St. Louis Ave
Bay Shore NY 11706

Total enclosed \$ _____

To Pay by Credit Card or for More Information call: **631-647-7757**