

2009-2010 CCBC Catonsville Sports Camp and League Registration and Permission Form

(You may register up to three persons from the same household on this form. **Make checks payable to: CCBC Catonsville**)

Camper's Name	Gender	Age	Grade	School
1.				
2.				
3.				

Address: _____
 City: _____ State: _____ Zip: _____
 Phone: (H) _____ (W) _____ (C) _____

Please check program choice(s) or enter session # (s) in appropriate blank:

<input type="checkbox"/> Baseball Camp #1	<input type="checkbox"/> Baseball Camp #8	<input type="checkbox"/> Softball Camp #1
<input type="checkbox"/> Baseball Camp #2	<input type="checkbox"/> Girls Lacrosse League	<input type="checkbox"/> Softball Camp #2
<input type="checkbox"/> Baseball Camp #3	<input type="checkbox"/> Girls Winter Futsal League	<input type="checkbox"/> Softball Camp #3
<input type="checkbox"/> Baseball Camp #4	<input type="checkbox"/> Winter Warm-Up (Girls)	<input type="checkbox"/> Softball Camp #4
<input type="checkbox"/> Baseball Camp #5	<input type="checkbox"/> Soccer 9 v 9 League (Boys)	<input type="checkbox"/> Softball Camp #5
<input type="checkbox"/> Baseball Camp #6	<input type="checkbox"/> 8 v 8 MS Indoor Lacrosse	
<input type="checkbox"/> Baseball Camp #7	<input type="checkbox"/> 8 v 8 HS Indoor Lacrosse	

Please sign and date:

(Name) _____ has my permission to participate in the 2009-2010 Sports Camp or League at CCBC Catonsville, The Community College of Baltimore County. I agree not to hold CCBC Catonsville liable for any injuries or damages resulting from participation in this program. I have read and understand the camp registration, refund, and weather policies and policies and information.
 Please return with check payment to: Office of Camps, CCBC Catonsville, 800 South Rolling Road, Catonsville, Md. 21228

