



CAMP PLAYBALL®

registration form

Located at
Community Montessori
3751 Mary Lane
Escondido, CA 92025

Welcome and thank you for enrolling your child to Camp Playball. Please read all policies posted on our website before completing and signing this form.

ESCONDIDO CAMP
JULY 2nd to 5th
9:00am to 12:30pm
Ages 3 to 9 (potty trained)

Child's Name:	
Child's Age & DOB:	
Child's School:	
Parent's Names:	
Address:	
Telephone Number:	Ph#1: _____ Ph#3: _____
	Ph#2: _____ Ph#4: _____
E-Mail Address: (required)	
How did you hear about us?	

fun pictures: I _____ give Camp Playball permission to take pictures of camp activities in which my child may appear and post them on their website. Signature of Parent: _____ Date: _____

I, the parent/guardian of the person named on this form, a minor, agree that I and the registrant will abide by the rules of KidInMe Corporation dba Playball, their affiliated organizations and sponsors. I desire to have the registrant participate in the Playball programs and activities, whether they are indoors, or outside, and including practices and clinics ("Programs"), offered by or in connection with the Playball program, and/or their affiliated organizations and sponsors. I recognize that the registrant may suffer physical injury as a result of the registrant's participation in the Programs. Accordingly, in consideration for and as an inducement to KidInMe Corporation accepting the registrant for participation in the Programs, on behalf of myself and the registrant I, hereby release, discharge, hold harmless and indemnify KidInMe Corporation dba Playball, their affiliated organizations and sponsors and respective officers, directors, employees, coaches, committees and associated personnel, including, without limitation, the owners of the fields and facilities utilized for the Programs, of and from any claims, demands, actions, causes of action, suits and liability arising as a result of the registrant's participation in the Programs including, without limitation, the transport of the registrant to or from the Programs, which transportation I hereby authorize. **CONSENT FOR MEDICAL TREATMENT OF A MINOR** As parent or legal guardian of the minor named on this form I give my consent to seek, obtain, and provide emergency medical treatment for such minor in case of injury that occurs while participating in Playball-related activities. This care may be given under whatever conditions are necessary to preserve life, limb, or well-being of such minor. I understand that such treatment will be sought and provided only in an emergency and that reasonable efforts will be made to contact me before providing such treatment. You are not required to provide the following information. This information will be useful if your child requires emergency medical treatment.

Allergies: _____ Present medications: _____

Signature of Parent/Guardian for Release and Consent: _____



5/22 - 10% discount

ONLY \$139

Please make checks payable to Playball and mail to:
Playball Superstars PO Box 500684, San Diego CA 92150



Paying with PayPal
Please email or mail
Registration form
Call for CC Payment

Parent's Name: _____

Parent's Signature: _____ Date: _____

Amount enclosed: \$ _____ Check#/PayPal# _____