

\$10 each additional sibling No T-shirt for Late Registrations \$10 EACH ADDITIONAL SIBLING NO T-SHIRT FOR LATE REGISTRATIONS

LOCATION

23908 S. Hawes Rd. Queen Creek, AZ 85142 American Leadership Academy Softball Field

COACH: LAURA WORKMAN ----- <u>LWORKMAN@ALASCHOOLS.ORG</u>

Participant Name:_____

Grade:____ Preferred Positions: 1.____ 2.___ T-Shirt Size: _____

Current School/Campus:

Parent/Guardian Name (PRINT): _____

Email address:

Phone Number: _____

As a condition to precedent participating in the American Leadership Academy Softball Camp, I as the parent or legal guardian of ______agree to maintain health insurance for my son or daughter while he/ she participates in this camp. If I do not maintain health insurance for my son or daughter, American Leadership Academy or the camp coaches will not be held responsible or liable for any injuries.

Parent/Guardian Signature:

Date:

