



Dall Vechia & Kraft
Injury Lawyers

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Presents

In
Association
with



2017 SOFTBALL TRAINING CAMPS

SAUGERTIES STALLIONS

All camps will take place at the beautiful Cantine Memorial Complex on Mosher Drive in Saugerties, NY

JUNE 26 - JUNE 30

JULY 10 - JULY 14

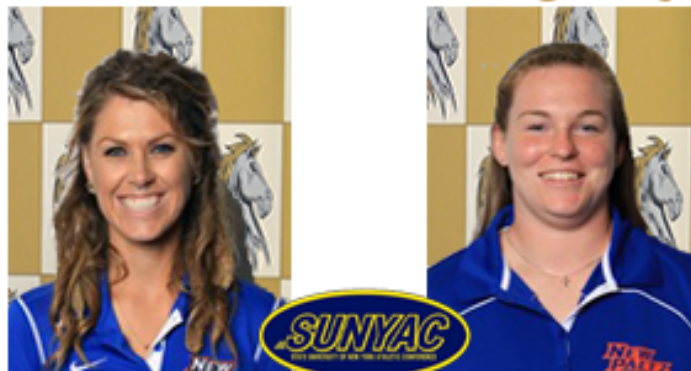
Two Age Groups:
9-12 and
13-16

9 AM - 12 PM
\$200 per week

SPACE LIMITED
SIGN-UP
TODAY!!

Includes: 15 hours of instruction, camp T-shirt,
a complimentary game ticket, and 10% off Stallion merchandise coupon

2017 Stallions' Softball Training Camp Staff



Samantha Miller
SUNY New Paltz
Head Coach

Shawna Mulkerin
SUNY New Paltz
Assistant Coach



PUBLIC GOLF COURSE, RESTAURANT, & BANQUET FACILITY
Route 10A, Parisville, NY 12143 • 518.878.8778 • WWW.PWRJC.COM

Premium Athletic Conditioning
645 Route 212 - Saugerties, NY 12477 - 845.707.0265 - www.saugertiesstallions.com



2017 Softball Training Camp General Information & Waiver



**Please send this form with payment to:*

Premium Athletic Conditioning, Inc.
645 Route 212
Saugerties, NY 12477

GENERAL INFORMATION

First Name _____ MI _____ Last Name _____

P.O. Box or Street Address _____

City _____ State _____ Zip _____ Email _____

Age _____ Grade _____ Position (s) _____ T-Shirt Size (Adult Sizes) XS S M L XL

Method of Payment: **PayPal** _____ Check # _____ Cash _____

Circle from each category

Camp Attending: #1 June 26-June 30 #2 July 10-14
Age Group: #1 9-12 #2 13-16

FOR OFFICE USE ONLY

Date _____ Payment Amount _____

Initials of Processor _____

RELEASE FOR MEDICAL TREATMENT

Application WILL NOT be complete until this form is completed, signed and returned before camp starts or at check in. Since all of the students attending camp are under 18 years of age, it is necessary that our doctors have the permission to administer treatment in the event of an accident or sudden illness.

List any conditions that physicians should be aware of:

PHONE NUMBER FOR EMERGENCIES:

Cell Number and Name: _____ Cell Number and Name: _____
(Primary) (Secondary)

I hereby authorize any medical treatment which may be advised or recommended by the emergency caretaker or while participating at the Premium Athletic Conditioning Inc. Training Camp.

PARENT/GUARDIAN SIGNATURE: _____

INSURANCE COVERAGE: Insurance Coverage for accidental injury is required by all participants.

Insurance Company and Policy Number: _____

RELEASE AND WAIVER OF LIABILITY (PLEASE READ CAREFULLY BEFORE SIGNING)

The undersigned hereby acknowledges that participation in the camp and related activities involves an inherent risk of physical injury, and the undersigned, on behalf of the registrant, hereby assumes all such risk and does hereby release and forever discharge the camp and all employees and agents thereof from any and all known liability of whatever kind of nature, arising from and by reason of any and all known and unknown, foreseen and unforeseen body and personal injuries, damage to property, and the consequences thereof, resulting from the registrant's participation in or involvement with this camp, including any failure of equipment or defect in the premises. Any photographs taken at the camp are subject to be used in the brochure in future years and can possibly be used for advertising the camp. I hereby state that I am the legal guardian of said child.

DATE: _____

SIGNATURE OF PARTICIPANT

SIGNATURE OF PARENT OF GUARDIAN