

# HIT DOCTOR® REGISTRATION FORM

Submit completed form with payment. If you don't receive confirmation before camp, call to make sure you're registered.

## MAIL TO:

Hit Doctor Washington Township, 1 Enterprise Court, Sewell, NJ 08080

PHONE: 856-218-2322 FAX: 856-218-7447 (w/ credit card)

LIST CAMP ## HERE  
(EX: WT 55 + Camp Type)

Player's Full Name: \_\_\_\_\_

AGE: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ GRADE: \_\_\_\_

Parent's Name: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Youth BB Assoc.: \_\_\_\_\_ School: \_\_\_\_\_

Parent's E-mail: \_\_\_\_\_

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How did you hear about us?

-We are past campers  -Mailing  -Friend/Coach {who?} \_\_\_\_\_

Other (be specific) \_\_\_\_\_

PAYMENT INFORMATION: All registrations must include at least \$50 non-refundable deposit per camp. If you cancel, deposit is transferable.

ALL BALANCES DUE ONE WEEK PRIOR TO CAMP DATE. NO PAYMENTS AT CHECK-IN.

Make Checks/Money Orders payable to: Hit Doctor

Amount: \$50 deposit only per camp \_\_\_\_\_ Full Camp Fee(s) \_\_\_\_\_

Credit Card Payment: Credit Card #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

-Visa/MC  -AMEX  -Discover Expires: \_\_\_\_ / \_\_\_\_ {Mo / Yr}

Print Name on Credit Card: \_\_\_\_\_

House # & Zip Code of Card Billing Address (if different from above):  
\_\_\_\_\_

By applying to participate in this camp, I agree to hold harmless. Hit Doctor® Washington Township, and their representatives of *any* and all liability to me *or my* child as a result of attending this camp. My child is physically fit to participate in the camp(s) chosen.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_