

**MOBERLY AREA COMMUNITY COLLEGE  
FALL SOFTBALL PROSPECT CAMP  
OCTOBER 29th, 2022  
8:30 AM-12:00 PM**

Name of Camper \_\_\_\_\_  
Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email Address \_\_\_\_\_  
Age \_\_\_\_\_ Grade \_\_\_\_\_ School Attended \_\_\_\_\_  
Mother \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Father \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Emergency Phone Number \_\_\_\_\_  
T-shirt size \_\_\_\_\_ (YS/YL/S/M/L/XL/XXL)  
Insurance Information:  
Company \_\_\_\_\_  
Policy # \_\_\_\_\_  
Group # \_\_\_\_\_

**Upon acceptance of this application and in exchange for the benefit my minor child will receive for participation in Greyhound Softball Camps I agree to release Moberly Area Community College, it's Board of Trustees, officers, employees and softball coaching staffs from all claims on account of injuries or losses which may be sustained by my minor child while attending camp. I agree to indemnify the MACC Board of Trustees, and employees from any claim which may be presented by my/our minor child in the future resulting from attending camp. I understand that any camper who does not abide by camp rules my be dismissed from camp with no refund.**

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please submit application with \$60 to:  
Kenlee Frank: kenleef@macc.edu  
Moberly Area Community College  
101 College Avenue  
Moberly, Missouri 65270-1304  
Make checks payable to Moberly Area Community College**