



Free Sky Sox Youth Baseball Camp Registration Form

CHOOSE ONE

Camp #1

Sunday, June 10, 2012

Camp #2

Sunday, August 12, 2012

at  **SECURITY SERVICE FIELD**

Youth Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Gender: M F Youth Shirt Size: S M L XL

Children need to be six years of age or older.

Parent/Legal Guardian Name: _____

*Parents must accompany children to registration and game.
Children may not be left unattended.*

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Email Address: _____

Registration Deadline:

All registration forms must be submitted one week prior to each camp.
Three ways to submit your form:

- 1) **Email:** ruth.wilson@thehomefrontcares.org
- 2) **Fax:** 719.594.5951; attn Darla Francisco
- 3) **Mail:** Security Service Federal Credit Union

Briargate Branch
Attn: ~~Darla Francisco~~ LANETA STARK
1485 Kelly Johnson Blvd., Suite 210
Colorado Springs, CO 80920





GENERAL RELEASE FORM

DATE: _____

Your signature on the bottom of this release indicates that you agree to allow Security Service Federal Credit Union to use your photo, name, and general biographical information for the internal and external marketing/promotional efforts of the credit union (i.e., newspapers, magazines, TV, radio, newsletters, etc.). You understand that you will **not** receive any compensation for our use your photo, name, and general biographical information for our internal and external marketing/promotional efforts.

Your Name: _____

Your Signature: _____

Parent/Guardian Signature: _____

Telephone Number: _____

If you have any questions, comments, or concerns regarding this General Release Form, please contact:

Security Service Federal Credit Union
Corporate Communications Department
(210) 476-4490
crodriguez@ssfcu.org