Wild Penguins

National Registration Form

Name: _____ Phone: (_____) _____ Email: _____Age: _____

Participation Questions: 1) Do You have any allergies/medications for allergies?

_____2) Do you need assistance/modifications due to a disability to participate?

_____ 3) Home City:_____School/Work:_____ 4) Parents/Family Contact Phone:_____ 5) Teacher, Coach, Mentor Name:_____ 7) Their Organization:_____ 8) Their Phone:_(_____)_____ Email: _____

Permission Agreement:

I, We, _____ give Coach Fulton and the staff members of the Wild Penguin Games permission to act on our my/our behalf in the case of an emergency situation and we do not hold Coach Fulton or the Staff Liable for injuries during activities within the camp/game program that is held during the supervised time of event.

I, We, _____ also give the Wild Penguins Permission to use appropriate photos with my image included in these pictures for promotional purpose to share the good work of the Wild Penguins.

Signature: _____ **Date** _____

Registration Fee: ($275.00)

A. Checks made payable to: Native American National Baseball and Softball Federation (Attention: Wild Penguins)
   Send to: NANBSF Wild Penguins, 407 Airport Dr., Danville, Virginia, 24540

B. - Or Via PayPal to: gmvmarlins@yahoo.com Atte: NA Wild Penguins 2026
   - Or via VENMO to: @Frank-Fulton-1 Atte: NA Wild Penguins 2026 -
   Or via CashApp to: @$coachffulton Atte: NA Wild Penguins 2026

Wild Penguins Jam Registration Form

Event_____ Date _____

Location _____

Name: _____ Phone: (_____) _____ Email: _____Age: _____

Participation Questions: 1) Do You have any allergies/medications for allergies?

_____2) Do you need assistance/modifications due to a disability to participate?

_____ 3) Home City:_____School/Work:_____ 4) Parents/Family Contact Phone:_____ 5) Teacher, Coach, Mentor Name:_____ 7) Their Organization:_____ 8) Their Phone:_(_____)_____ Email: _____

Permission Agreement:

I, We, _____ give Coach Fulton and the staff members of the Wild Penguin Games permission to act on our my/our behalf in the case of an emergency situation and we do not hold Coach Fulton or the Staff Liable for injuries during activities within the camp/game program that is held during the supervised time of event.

I, We, _____ also give the Wild Penguins Permission to use appropriate photos with my image included in these pictures for promotional purpose to share the good work of the Wild Penguins.

Signature: _____ **Date** _____

Registration Fee: ($50.00)

C. Checks made payable to: Native American National Baseball and Softball Federation (Attention: Wild Penguins)
   Send to: NANBSF Wild Penguins, 407 Airport Dr., Danville, Virginia, 24540

D. - Or Via PayPal to: gmvmarlins@yahoo.com Atte: NA Wild Penguins 2026
   - Or via VENMO to: @Frank-Fulton-1 Atte: NA Wild Penguins 2026 -
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