

2006 Blue Hen Baseball Camps
Fall HS Prospect Camp - Registration Form

(Feel free to make copies of this form)

(Blue Hen Baseball Camps are independently run and are not University of Delaware sponsored programs.)

GENERAL INFORMATION

PLAYER'S NAME _____ AGE _____ HT/WT _____ / _____

Primary Position _____ Secondary Position _____ Bat/Throw: _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

HOME PHONE (_____) _____ T-SHIRT SIZE (ADULT SIZES ONLY) _____

EMAIL ADDRESS (Preferred for confirmation): _____

DATE OF BIRTH _____

HIGH SCHOOL _____ GRADUATION YEAR _____

CURRENT GPA (If known) _____ TOTAL SAT SCORE (If taken) _____

HS COACH _____ PHONE _____

SUMMER COACH _____ PHONE _____

Which session are you planning to attend? (Check one)

- Camp 1 – Saturday, October 7, 2006
 Camp 2 – Saturday, October 21, 2006

Payment Options: (Check one)

- Participating as a position player ONLY. Enclosed is a check for a payment in the amount of \$150.00.
 Participating as BOTH a position player and a pitcher. Enclosed is a check for a payment in the amount of \$175.00.

Please make checks payable to: BLUE HEN BASEBALL CAMPS

Mail this form and check to: University of Delaware Baseball Office, 112 Delaware Field House, Newark, DE 19716

EMERGENCY HEALTH INFORMATION

PARENT #1 NAME: _____ DAYTIME PHONE: _____

PARENT #2 NAME: _____ DAYTIME PHONE: _____

IF PARENT OR GUARDIAN CANNOT BE REACHED, CALL: _____

(Name)

(Phone)

FAMILY PHYSICIAN _____ PHONE: _____

MEDICAL HISTORY (Explain thoroughly to any "Yes" responses)

Any medical conditions currently under treatment? _____

Any asthma and/or allergies? _____

Medical Insurance Company _____ Policy Number _____

MEDICAL INFORMATION & AUTHORIZATION TO PARTICIPATE – REQUIRED FOR ADMISSION!

_____ has been examined within the last 12 months and no medical reason has been found that he/she cannot participate in this camp. His/her records show that all immunizations are up to date. Date of last tetanus and diphtheria immunization _____. (If more than ten years ago, a booster is recommended). I agree that in case of an accident involving my child while attending this camp and with full awareness that baseball/softball is an activity that may involve risk of injury, I release the Blue Hen Baseball Camps, Jim Sherman and the University of Delaware from any and all liability for any injuries or illnesses occurred while at camp. In case of any emergency, I give permission to the appropriate summer camp personnel to have my child properly transported to a medical facility for care. I understand that the Blue Hen Baseball Camps, Jim Sherman and the University of Delaware do not provide medical insurance and that I will be responsible for all medical expenses occurred. I also hereby consent to any treatment, surgery, diagnostic procedures or the administration of anesthesia, which may be carried out based on medical judgment of the attending physician.

PARENT/GUARDIAN SIGNATURE

DATE