

**2006 Blue Hen Baseball Camps**  
***Winter HS Instructional Showcase - 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: \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HOME PHONE (\_\_\_\_\_) \_\_\_\_\_ T-SHIRT SIZE (ADULT SIZES ONLY) \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

HIGH SCHOOL \_\_\_\_\_ GRADUATION YEAR \_\_\_\_\_

HIGH SCHOOL ADDRESS: \_\_\_\_\_

CURRENT GPA (If known) \_\_\_\_\_ TOTAL SAT SCORE (If taken) \_\_\_\_\_

HS COACH \_\_\_\_\_ PHONE \_\_\_\_\_

SUMMER COACH \_\_\_\_\_ PHONE \_\_\_\_\_

***Please indicate which day you're participating:*** All payments are non-refundable!

- Sunday, Dec. 17, 2006 (1 position only) - Enclosed is a check for a full payment in the amount of \$150.00.
- Sunday, Dec. 17, 2006 (both pitch and play a position) - Enclosed is a check for a full payment in the amount of \$225.00.

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)

**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 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

**ALL CONFIRMATIONS WILL BE POSTED ON WWW.BLUEHENBASEBALLCAMPS.COM!!**