

2010 Blue Hen Baseball Camps
Summer HS Instructional Showcase - Registration Form

SHOWCASE CAMP DATE: AUGUST 6-7, 2010 (RAINDATE – 8/8)

(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 _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

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

EMAIL ADDRESS: _____ (used for confirmation of registration)

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 _____

COST: \$300.00 – All payments must be made in full and are non-refundable. If you fail to attend after registering, payment can only be used for future camps.

Please make checks payable to: J. SHERMAN

Mail this form and check to: Blue Hen Baseball Camps, 402 Llangollen Blvd., New Castle, DE 19720

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

FAMILY PHYSICIAN _____ PHONE: _____

EMERGENCY CONTACT _____ PHONE: _____

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!!