

2010 Blue Hen Baseball Camps – Registration Form

(please type or print)

CAMPER INFORMATION

CAMPER'S NAME _____ AGE _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

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

EMAIL ADDRESS: _____

Camps at Bob Hannah Stadium (University of Delaware): (please check the appropriate box(es) below)

All-Skills Youth Camps (for players ages 7 to 12 years)

- July 12-16 (\$250) Before/After Care (\$75)
 July 19-23 (\$250) Before/After Care (\$75)
 July 26- 30 (\$250) Before/After Care (\$75)

Skill-Specific Hitting Camps (ages 13 yrs. To HS seniors)

- July 12-16 (\$200)
 July 19-23 (\$200)

All-Skills Camp (for players ages 13 to 15 years)

- June 21-24 (\$250) Before/After Care (\$75)

Skill -Specific Pitching/Catching Camp (ages 13 yrs. To HS seniors)

- July 26- 30 Pitching (\$200)
 July 26-30 Catching (\$200)

ENCLOSED IS MY CHECK FOR FULL PAYMENT OF \$ _____.

Please make checks payable to: J. SHERMAN

Mail this form and check to: BLUE HEN BASEBALL CAMPS, 402 Llangollen Blvd., New Castle, DE 19720

EMERGENCY HEALTH INFORMATION

PARENT #1 NAME: _____ DAYTIME/CELL PHONE: _____

PARENT #2 NAME: _____ DAYTIME/CELL 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

POLICIES:

The Blue Hen Baseball Camps, its director and/or staff reserves the right to dismiss anyone from camp who has acted inappropriately. A camper whose behavior has been deemed inappropriate and/or does not abide by camp rules, will be required to depart camp as soon as parents have been notified and transportation is secured. Campers are not allowed to depart from the fields and/or pool without permission from the director or staff.

THE BLUE HEN BASEBALL CAMPS ARE INDEPENDENTLY RUN AND ARE NOT UNIVERSITY OF DELAWARE PROGRAMS.

PAYMENT POLICY:

Payment in full must accompany registration form and must be received no later than the first day of camp (\$100.00 of this will be considered a nonrefundable deposit).

NOTE: Camps will fill on a first come first serve basis. Early registration is **strongly** encouraged. Without advanced registration and payment, participation cannot be guaranteed. There will be a \$30.00 charge for all returned checks.

REFUND POLICY:

A request for refund must be submitted in writing prior to August 15, 2010. No refund requests will be taken after this date. The nonrefundable deposit of \$100.00 will be deducted for administrative expenses. No refunds will be issued until the camps have ended.