

Blue Hen Softball Camps

Player Information

Student name: _____
Age: _____ Height: _____ Weight: _____ Grade to be entered in the Fall: _____
School: _____ Primary Position: _____ Secondary Position: _____
Email address: (required for confirmation) _____
Home Address: _____
City: _____ State: _____ Zip: _____
Home Phone: (_____) _____ - _____ Cell: (_____) _____ - _____
Experience: _____
T-Shirt Size: _____ July 7th-10th All Skills ages 9-12 yrs old: _____ (\$200)
July 14th-17th Pitching/Catching 12-18 yrs old (9am-12): _____ July 14th-17th Hitting Camp 12-18yrs old (1pm-4pm): _____
(\$125 for pitching/catching and \$125 for hitting, but if you choose to do both then it's \$200)

Emergency Health Information

Social Security Number _____ - _____ - _____ {optional}
Parent #1 Name: _____ Day Phone: (_____) _____ - _____
Parent #1 Place of employment: _____
Parent #2 Name: _____ Day Phone: (_____) _____ - _____
Parent #2 Place of employment: _____
If Parent or Guardian cannot be reached call: _____
Phone: (_____) _____ - _____
My family Physician: _____ Phone: (_____) _____ - _____

Medical Information: (EXPLAIN THOROUGHLY ANY YES RESPONSES- ENCLOSE NOTE FOR LONGER EXPLANATIONS)

Any medical conditions currently under treatment? _____
Any pre-existing injury currently under treatment? _____
Any Asthma and/or allergies (including drugs, food, etc.)? _____
Any mental disorders or convulsions? _____
Any past illness of more than one week in duration? _____
Contact lenses or glasses? _____
Medical Insurance Company: _____ Policy number: _____

Medical Information and Authorization to Participate—Required for Admissions:

_____ has been examined within the last 12 months and no medical reason has been found that she cannot participate in this camp. 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 softball is an activity that may involve risk of injury, I release that Blue Hen Softball Camps; Adrienne Clark; and the University of Delaware from any and all liability for any injuries or illnesses incurred while at camp. In case of an 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 Softball Camp has adopted the following procedures in caring for your child when she becomes sick or injured while attending camp. (1) The camp will call home, if there is no answer. (2) The camp will call the father's, mother's, or guardian's place of employment, if there is no answer (3) the camp will call the other phone numbers listed and the physician (4) If none of the above answer, the camp will call an ambulance, if necessary, to transport the child to a local medical facility. (5) Based upon the judgment of the attending physician, the child may be admitted to a local medical facility (6) The camp will continue to call the parents, guardian, and physician until one is reached. If I cannot be reached and the camp authorities have followed the procedures described, I agree to assume all expenses for moving and medically treating the camper. 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. By signing below, I agree to all the terms detailed above.

_____, 2008
Parent/Guardian Signature _____ Date _____

Policies:

The Blue Hen Softball Camp, 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, field house arena, and/or pool without permission from the director or staff.
THE BLUE HEN SOFTBALL CAMPS ARE INDEPENDENTLY RUN AND NOT UNIVERSITY OF DELAWARE PROGRAMS.

Payment:

Payment in full must accompany the registration form and must be received at least three full weeks prior to opening day of camp (\$100.00 of this will be considered a nonrefundable deposit) NOTE: Camp will fill on a first come first serve basis. Early registrations are strongly encouraged. Without advanced reservation and payment participation cannot be guaranteed. There is a \$30 charge for returned checks.

Refund Policy:

A request for refund must be submitted in writing prior to August 1, 2008. 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 camp has ended.

For Information: Please contact Adrienne Clark if you have any information at adclark7@aol.com, (516)322-3222, and 109 Register Dr. Newark, DE 19711.

****Please make checks payable to Adrienne Clark and mail them to the above address****