

REGISTRATION

Checks payable to: **Crack of the Bat Camps**

Mailing address:

**Ryan Hurba
BU Baseball Office
PO Box 6000
Binghamton, NY 13902**

Player Name _____

Address _____

Phone _____ Age _____

E-Mail _____
(We'll send you an e-mail confirming your space in camp & providing more details about camp after we receive your deposit and either this hard copy registration form or the online version)

PLEASE ENCLOSE A NON-REFUNDABLE \$100.00 DEPOSIT WITH THIS FORM TO RESERVE A SPACE

Please acknowledge that you are aware that the camp is 8 (eight) half-day sessions from 9- noon by checking on the dotted line below

Summer Baseball Camp: July 7, 8, 9, 10 & 14, 15, 16, 17 from 9-noon
AGES 7-12

I wish to sign my son up for 8 half-days of baseball training on the above mentioned dates _____

Medical Release

In the event that medical attention is required, I understand that every reasonable attempt will be made to contact me. However, in the event that I cannot be reached, I give permission for any care determined necessary by the Crack of the Bat Camp staff.

HEALTH ACCIDENT INSURANCE CO. _____

POLICY # _____

EMERGENCY CONTACT NAME _____

EMERGENCY CONTACT PHONE # _____

Release Statement

"_____ has my permission to participate in the Crack of the Bat Summer Camps at BU. I understand what the aforementioned activity involves and believe that the aforementioned person is in the proper physical condition to participate. I understand that I/WE will be responsible for any injuries to my child resulting from or in connection with camp activities while at BU or in route to or from BU. I hereby release, absolve and hold harmless the Crack of the Bat Camps, its staff; including all coaches, directors & members. I also release, absolve and hold harmless Binghamton University and its entire staff as well.

Signature of Parent/Guardian Required