

# ***Jr. Barnstormers Registration Form*** (2 pages)

## **Participant(s) Information**

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Birth date: \_\_\_\_\_ Grade: \_\_\_\_\_ Preferred Position(s): \_\_\_\_\_  
T-shirt size: YM YL AS AM AL AXL  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

## **Parent Information**

Mother/Guardian First and Last Name: \_\_\_\_\_  
Father/Guardian First and Last Name: \_\_\_\_\_  
Mother Daytime Phone: \_\_\_\_\_  
Father Daytime Phone: \_\_\_\_\_  
Email Address 1: \_\_\_\_\_  
Email Address 2: \_\_\_\_\_

## **Medical Information**

Physical conditions that we should be aware of - allergies (both food and medicine), recurring injuries, etc. Please list:

\_\_\_\_\_

\_\_\_\_\_

Medications currently taking: \_\_\_\_\_

\_\_\_\_\_

## **Emergency Contact Information**

Emergency Contact First and Last Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Other Contact Phone: \_\_\_\_\_  
Name of family/primary care physician: \_\_\_\_\_  
Physician Phone Number: \_\_\_\_\_

## **Insurance Information**

Insurance Company: \_\_\_\_\_  
Insurance Company Phone: \_\_\_\_\_  
Policy Subscriber's Name: \_\_\_\_\_  
Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

**Please continue on the next page >>>**

**Waiver and Release of Liability:**

1. The applicant is in good health and able to participate in physical activity of a vigorous program.
2. In the event of illness or injury, Hayner Brothers Baseball and Softball Academy/The Sports Barn has my permission to provide and/or seek medical attention for my child.
3. I understand and accept the condition that neither The Sports Barn nor Hayner Brothers Baseball and Softball Academy will assume any responsibility for accidents, medical and dental expenses incurred as a result of participation in any Sports Barn or Hayner Academy programs.
4. I give my permission to Hayner Brothers Baseball Inc. to use pictures of my child participating in camp activities to be used for Sports Barn and Hayner Academy promotional materials and web site.

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Method of Payment: (full payment is due with registration form)**

\_\_\_\_\_ Cash \_\_\_\_\_ Check made payable to The Sports Barn (Check # \_\_\_\_\_)

\_\_\_\_\_ Credit Card: \_\_\_\_\_ Master Card \_\_\_\_\_ Visa \_\_\_\_\_ Am. Exp. \_\_\_\_\_ Discover  
Card #: \_\_\_\_\_ exp. date: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_

**Please mail all registrations to:**

The Sports Barn

130 Rt. 236 Halfmoon, NY 12065

**Questions?** [www.haynersportsbarn.com](http://www.haynersportsbarn.com)

Or [info@haynersportsbarn.com](mailto:info@haynersportsbarn.com)

Or 518-664-4537

**Sports Barn Use Only:**

Amount Due: \_\_\_\_\_

Amount Paid: \_\_\_\_\_ Date: \_\_\_\_\_

Balance Due: \_\_\_\_\_ Date: \_\_\_\_\_

CCAP #: \_\_\_\_\_

Initials: \_\_\_\_\_