

Summer Camps Registration Form (2 pages)

Participant(s) Information

Name - Participant #1 _____ Age #1: _____

Birth date #1: _____ Grade #1: _____ Preferred Position(s): _____

T-shirt size: YM YL AS AM AL AXL

Name - Participant #2 _____ Age #2: _____

Birth date #2: _____ Grade #2: _____ Preferred Position(s): _____

T-shirt size: YM YL AS AM AL AXL

Name - Participant #3 _____ Age #3: _____

Birth date #3: _____ Grade #3: _____ Preferred Position(s): _____

T-shirt size: YM YL AS AM AL AXL

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

	<u>Name</u>	<u>Camp</u>	<u>Dates</u>	<u>Location</u>
<i>Example</i>	<i>Johnny</i>	<i>Baseball</i>	<i>August 9-13</i>	<i>Clifton Park</i>
<i>Example</i>	<i>Susan</i>	<i>Sports Challenge</i>	<i>August 2-6</i>	<i>The Sports Barn</i>

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. (Please list separately for each participant):

Medications currently taking: _____

Please continue on the next page >>>

Emergency Contact Information

Emergency Contact First and Last Name: _____
Relationship: _____ Daytime Phone: _____
Home Phone: _____ Other Contact Phone: _____
Emergency Contact 2: _____
Daytime Phone 2: _____ Home Phone 2: _____
Name of family/primary care physician: _____
Physician Phone Number: _____

Insurance Information

Insurance Company: _____
Insurance Company Phone: _____
Policy Subscriber's Name: _____
Policy Number: _____ Group Number: _____

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 have 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. My son/daughter has my permission to cross Rt. 236 in front of The Sports Barn under the direct supervision of The Sports Barn staff to participate in activities at Harris Field. (for applicable camps)
- 5. 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.

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
Or info@haynersportsbarn.com
Or 518-664-4537

Sports Barn Use Only:

Amount Due: _____
Amount Paid: _____ Date: _____
Balance Due: _____
CCAP #: _____
Initials: _____