![MCj02353950000[1]]()PITCH BY PITCH BASEBALL REGISTRATION FORM![MCj02353950000[1]]()

# Congers Lake Memorial Park, Congers, NY (845) 641-9310

## Please check 2019 summer week(s) you will be attending:

*\_\_\_\_\_* ***Week 1****- June 24-28 \_\_\_\_\_****Week 2****- July 1-5 \_\_\_\_\_****Week 3****- July 8-12*

*\_\_\_\_\_****Week 4****- July 15-19 \_\_\_\_\_****Week 5****- July 22-26 \_\_\_\_\_****Week 6****- July 29-Aug 2*

*\_\_\_\_\_****Week 7****- Aug 5-9 \_\_\_\_\_****Week 8****- Aug 12-16 \_\_\_\_\_****Week 9****- Aug 19-23*

*Check here if you are interested in one of our* ***extended packages****:*

**On-Deck Package(*7:30 a.m-3p.m) \_\_\_\_***

**Extra Innings *(9 a.m.-5p.m.)* \_\_\_\_**

**Home Run Package *(7:30 a.m. -5p.m.) \_\_\_\_***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_

Last name First name Date of Birth Shirt size

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address Home Phone

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City State Zip Code Email

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Name Cell Phone Business Phone

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Name Cell Phone Business Phone

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Information

*\*\* Please complete the Medical History Form on page 2. Additionally, submit a pediatrician-issued immunization form \*\**

***How did you hear about us?***

**Website**⁪ **Friend/Referral** ⁪ *If so, who?* \_\_­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Flyer/Brochure** ⁪

**RBI Sports** ⁪ **Free clinic** ⁪ **Raffle** ⁪ **Other** ⁪ If *so, what?* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I certify that my child is in good physical health and can participate in daily events. In case of emergency, I grant permission for my child to be given treatment at the local hospital. Pitch by Pitch Baseball, Inc., is not responsible for lost or stolen items or equipment.

Parent’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_

I hereby grant permission for photographs to be taken of my child and used for promotional materials (website, brochure, local news articles): **YES** \_\_\_\_\_ **NO** \_\_\_\_\_

**PRICES:**

***2019 CAMP RATES****:*

*Sign up until April 1: $260/wk*

*Sign up after April 1: $295/wk*

***\* Must pay in full by June 1st to lock in Early discount rate of $260/wk. Must specify # of weeks.***

***2019 SPECIALTY RATES***

***On Deck Package $425\****

***Extra Innings Package $475\****

***Home Run Package $550\****

***\*****Includes Regular Camp Rate*

*Please make checks payable to*: **Pitch by Pitch Baseball, Inc.**

*Please send checks to*: **Pitch by Pitch Baseball, Inc.,** 28 Hemptor Road, New City, NY 10956

**Pitch by Pitch Camps**

Camper Medical History Form

1. Have you handed in your child’s record of Immunization history? \_\_\_
2. Emergency Contact Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Please list any recent/current illness/injury/existing medical conditions:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Please list any camper restrictions / limitations:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Please list any special needs / diets:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Please list any medications / treatments:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Please list any allergies (e.g. medications, food, insect stings):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Has your child ever been diagnosed with a development disability? \_\_
	1. If so, what is their treatment plan? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Other concerns:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. I give permission for my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to swim in the Congers Lake Memorial Park Pool during any part of the camp day while at Pitch by Pitch Sports Camps

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