

Bob Bellizzi's Grand Slam Baseball Camp



Registration Form

Our 31st year - A summer tradition since 1993!

CONTACT INFORMATION

Parent/Guardian _____

Cell Phone _____

Emergency Phone _____

Other Phone _____

E-mail _____

HEALTH FORM

Existing Medical Conditions/Allergies _____

Present Medication _____

Date of last Tetanus _____

First MMR _____ Last MMR _____

Polio Vaccination _____ Last DTP _____

Health Insurance Company _____

CONSENT TO PARTICIPATE

Participation in any sport may cause physical injury including sprains, strains, contusions, fractures, dislocations, ruptures, hernias, lacerations, concussions, and even death. Participation may also result in possible exposure to and illness from infectious diseases. In the event of injury or illness, I authorize the athletic trainer, nurses, doctors, and emergency personnel to administer first aid or care as deemed necessary. We the undersigned, for ourselves, our heirs, executors and administrators waive, release and forever discharge the Bob Bellizzi Grand Slam Baseball Camp, it's staff, officers, agents, representatives, employees, successors, and assigns of and from any and all rights and claims for damages to person or property while participating in camp activities, or while at camp site.

I hereby give my child _____ permission to attend the Bob Bellizzi Grand Slam Baseball Camp. I agree to allow my child to participate in all camp activities: running, throwing, batting, fielding and swimming.

(Signature of Parent/Guardian) (Date)

CAMPER INFORMATION

Camper Name _____

Address _____

City _____ State _____ Zip _____

Age during camp _____ **Ages 6-16**

HOW TO REGISTER

Complete and sign this Registration form, enclose the full amount for the number of weeks selected, OR a minimum of \$100 deposit for each week selected, and mail to:

Bellizzi Baseball Camp
99 Longmeadow Drive
Delmar, New York 12054

- Make check payable to: **Empire Sports Camps Inc.**
- \$25 fee for all returned checks
- **Questions?** FAQs: BellizziBaseballCamp.com
Email: BellizziBaseballCamp@nycap.rr.com
Call: (518) 439-0695

Check desired week(s)

Fee:

Week 1	7/17-7/21	<input type="checkbox"/>	One Week:	\$275
Week 2	7/31-8/04	<input type="checkbox"/>	Two Weeks:	\$540*
Week 3	8/14-8/18	<input type="checkbox"/>	Three Weeks:	\$795*

* Multi-week discounts for same camper only

PHOTO/VIDEO RELEASE

Camp contests and events may be photographed or videoed. If you consent to your child's image (without their name) appearing on the Camp website or Facebook page, please indicate below:

I hereby give consent for my child's photo/video image to appear on the Bob Bellizzi Grand Slam Camp website and Facebook page.

(Signature of Parent/Guardian) (Date)