

The 45th Annual Phil Bova Baseball Camp, June 18-22, 2018

Name: _____ Emergency Phone: _____
Address: _____ Home Phone: _____
City _____ State: _____ Zip: _____
E-Mail _____ **PLEASE PRINT CLEARLY**
Date of Birth: _____ Age on June 12, 2018 _____

***T-Shirt Size: **Please Circle One.** YM YL AS AM AL
If a friend of your child is going to be at camp and is in the same age bracket, you may request to be on the same team. We try to accommodate as many requests as we can. It becomes very difficult to make changes on the first day of camp.

Name of Friend(s): _____

Parents of 7 and 8 year olds, we COACH PITCH at this age level. Do you approve of "coach pitch" for your child? **Yes or No**

Parent: 1) I hereby approve of my child's participation at the Phil Bova Baseball Camp and will not hold the camp responsible for accident or illness.
2) I hereby give permission for the camp to use comments or pictures of my child for future advertising.

X _____
SIGNATURE OF PARENT OR GUARDIAN **DATE**

EMERGENCY MEDICAL AUTHORIZATION

PURPOSE - To enable parents and guardians to authorize the provisions of emergency medical treatment for children who become ill or injured while under the school authority when parents cannot be reached.

ONE BOX MUST BE CHECKED AND ONLY ONE

I **DO** grant consent in the event reasonable attempts to contact me have been unsuccessful, I give consent for:
1. The administration of any treatment deemed necessary by a physician, dentist, or nurse and;
2. The transfer of my child to any hospital reasonably accessible.
 I **DO NOT** give my consent for emergency medical treatment of my child. In the event of illness requiring emergency treatment, I wish the Camp to take no action.

Please Note - Both the registration and the emergency medical authorization must be signed.

X _____
SIGNATURE OF PARENT OR GUARDIAN **DATE**

Camp cost is \$250.00, accepting registrations for players from age 7 to 14.
A \$50.00 deposit must be enclosed for registration. Balance must be paid by June 11th 2018

Please note below if you want to take advantage of any discounts

YARD SIGN: I will display a yard sign at my home or business (**before May 31st**) and receive a \$10.00 discount.
 SIBLING DISCOUNT: A discount of \$10 will be deducted from the total cost for families with siblings attending.
 TEAM DISCOUNT: If you sign up as a team consisting of 10 players or more, a \$40.00 discount will be applied per camper.

Mail completed registration and fee to:

Phil Bova Baseball Camp
25709 Briarwood Ct.
Westlake, Oh. 44145

