

KEN ULRICH BASEBALL INC.

[www.kenulrichbaseball.com](http://www.kenulrichbaseball.com) PHONE & FAX (845) 353-4222

Celebrating Our 17<sup>th</sup> Year

2018 Summer Camps

Softball (Ages 8-16) July 9-12 \_\_\_\_\_

Baseball (Ages 6-12) Session I July 9-12 \_\_\_\_\_ Session II July 16-19 \_\_\_\_\_ Session III July 23-26 \_\_\_\_\_

Big League Camp (Ages 13-16) July 16-19 \_\_\_\_\_

\_\_\_\_\_  
Last name First T-Shirt size Birth date Age

\_\_\_\_\_  
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 Phone Cell

\_\_\_\_\_  
Emergency Contact Phone Cell

\_\_\_\_\_  
Doctor's Name Doctor's Phone

List Allergies \_\_\_\_\_

Allergic reactions of any type (medicines, bites, etc.) \_\_\_\_\_

Any Chronic or recurring illness \_\_\_\_\_

Any other information that we may need to know about \_\_\_\_\_

\*\*\*\*\* \_\_\_\_\_ Please attach copy of updated Booster and Immunization form \*\*\*\*\*

I certify that my child is in good physical health and can participate in the daily schedule of events. In case of emergency, I grant permission for my child to be given treatment at the local hospital.

Parent's Name \_\_\_\_\_ Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Permission is hereby granted for photographs to be taken of my child and used for promotional materials (Please check)

YES \_\_\_\_\_ or NO \_\_\_\_\_

How did you hear about Ken Ulrich Baseball & Softball?

Commercial \_\_\_ Facebook \_\_\_ Flyer \_\_\_ Friend \_\_\_ Website \_\_\_ Other \_\_\_\_\_

**PRICES:**

1 Week \$275 \_\_\_\_\_  
2 Weeks \$520 \_\_\_\_\_ Save \$30  
3 Weeks \$765 \_\_\_\_\_ Save \$60

**Please make Checks Payable to:**

KEN ULRICH BASEBALL INC.  
P.O. BOX 739  
West Nyack N.Y. 10994