

KEN ULRICH BASEBALL INC.

www.kenulrichbaseball.com PHONE & FAX (845) 353-4222

Please check all that apply

Softball (Ages 8-16) June 27 – June 30 _____

2011 Summer Camps

Baseball (Ages 6-12)

_____ Session I July 5-8 _____ Session II July 11-14 _____ Session III July 18-21

Big League Camp (Ages 13-16) _____ July 18-21

_____ 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 ___ Flyer ___ Friend ___ Website ___ Other _____

PRICES:

1 Session \$250 _____
2 Sessions \$470 _____ Save \$30
3 Sessions \$690 _____ Save \$60

Please make Checks Payable to:

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

