PITCH BY PITCH ALL-SPORTS REGISTRATION FORM

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

## Please check 2021 summer week(s) you will be attending:

*\_\_\_\_\_****Week 3****- July 12-16 \_\_\_\_\_****Week 4****- July 19-23*

*\_\_\_\_\_****Week 5****- July 26-30 \_\_\_\_\_****Week 6****- August 2-6*

**…and check one of our packages:**

**Pitch by Pitch All-Sports, 6-14 year olds:**

* **Early half-day *(9 am – 12pm)* \_\_\_\_**
* **Late half-day *(12pm – 3pm)* \_\_\_\_**
* **Full day *(9 am – 3pm)* \_\_\_\_**
* **On Deck Package (*7:30am-3pm) \_\_\_\_***

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

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?* \_\_­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **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** \_\_\_\_\_

***2021 CAMP RATES****:*

*All Sports Half Day: $170/wk*

*All Sports Full Day: $300/wk*

*Register for 2 weeks: $285/wk*

*Register for 4 or more weeks: $275/wk*

*On Deck Package: $450/wk*

*Please make checks payable to*:

**Pitch by Pitch**

*Please send checks to*:

**Pitch by Pitch Sports Camps**

**Brandon Mann**

26 Verdin Dr., 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**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_