

# 2012 Maine Baseball Summer Academy

## Junior Red Sox Baseball Camp

### Registration Form

126 North Street ~ Waterville, ME 04901

(207) 873-0684 ~ [www.alfondyouthcenter.org](http://www.alfondyouthcenter.org)

A deposit of \$100.00 will secure your space for 2012

**Dates:** please check preferable camp; overnight camps start on the Sunday before the camp begins.

\_\_\_\_\_ (For 8-10 year olds only) Monday, July 30<sup>th</sup> to Friday, August 3<sup>rd</sup> (Sunday, July 29<sup>th</sup> for overnights)

\_\_\_\_\_ (For 11-12 year olds only) Monday, August 6<sup>th</sup> to Friday, August 10<sup>th</sup> (Sunday, August 5<sup>th</sup> for overnights)

**Camp desired:** please check one: \_\_\_\_\_ Day Camp (\$325.00) \_\_\_\_\_ Overnight Camp (\$495.00)

**Location:** Little Fenway Park at Camp Tracy, McGrath Pond Road, Oakland, Maine 04963

Camper Name: \_\_\_\_\_ Gender: \_\_\_ Age: \_\_\_\_\_ Birth date: \_\_\_/\_\_\_/\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary position: \_\_\_\_\_ Secondary position: \_\_\_\_\_

Shirt size: (indicate child or adult sizes) small \_\_\_\_\_ medium: \_\_\_\_\_ large: \_\_\_\_\_ extra large: \_\_\_\_\_

Mother: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Father: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Legal Guardian (if applicable): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### Photo and Transportation Release

I give my child permission to use the Maine Baseball Academy provided transportation to and from camp and agree to provide a note if other transportation is to be used or if other adults will be dropping off or picking up my child. I also give the Maine Baseball Academy permission to use photos taken of my child at camp for public relations purposes

### Liability Release

In case of emergency, I understand every attempt will be made to contact the parents or guardians. If they cannot be reached, I hereby give my permission to the Maine Baseball Academy to secure medical care/treatment for my child. This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release and agree to indemnify and hold harmless the Maine Baseball Academy from any and all liability incidents to my minor child's involvement or participation in these programs, even if arising from the negligence of the Maine Baseball Academy, to the fullest extent of the law

Medical Coverage: \_\_\_\_\_

**Company Name**

**Policy number**

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\$100.00 nonrefundable deposit paid by July 1<sup>st</sup>:** OFFICE ONLY: Deposit Amt. \$ \_\_\_\_\_ Date: \_\_\_\_\_ Receipt: \_\_\_\_\_

### Balance of Tuition due before start of camp

OFFICE ONLY: Amt. Paid: \$ \_\_\_\_\_ Date: \_\_\_\_\_ Receipt number: \_\_\_\_\_

**Checks Payable to:** Waterville Alford Youth Center, 126 North Street, Waterville, Maine 04901. Attn: *Junior Red Sox Baseball Camp*

**A medical history form will be mailed to you upon receipt of the registration and payment. The completed medical form is required at least 5 days before the beginning of camp.**