


PENNSYLVANIA



**BASEBALL
ACADEMY**

Check Dates you are attending

Price

____ July 13th -17th

\$100 per Child for 1 week

____ July 20th -24th

Check Lunch option that Applies

____ Bring your own

____ Option A- 2 Slices of pizza, bag of chips and Gatorade for \$20

____ Option B- 1 Slice of pizza, bag of chips and Gatorade for \$12

**You can mail or bring in your payment to the baseball academy. Cash or Check only,
make checks payable to Pennsylvania Baseball Academy**

Pennsylvania Baseball Academy

46 East Third Avenue

Collegeville, PA 19426

Phone: 610-489-1707

Fax: 610-489-1775

<http://www.pennsylvaniabaseballacademy.com>

CAMPER'S NAME: _____
Last First Middle

CAMPER SOCIAL SECURITY #: _____ - _____ - _____ DATE OF BIRTH: ____/____/____

BASIC PERSONAL INFORMATION

Parent/Legal Guardian: _____

Address: _____

Phone: Home (____) _____ Work (____) _____ Cell (____) _____

EMERGENCY CONTACT: _____ Relationship: _____

Phone: Home (____) _____ Work (____) _____ Cell (____) _____

INSURANCE INFORMATION

➤ **INCLUDE A COPY OF YOUR INSURANCE CARD (FRONT AND BACK)**

Policy Holder: _____ Phone (____) _____

Address: _____

Insurance Co: _____ Phone (____) _____

Address: _____

ID#: _____ Group#: _____

Policy Holder's Employer: _____ Phone (____) _____

AUTHORIZATIONS

1. DO YOU GIVE PERMISSION FOR YOUR CHILD TO RECEIVE MEDICAL, DENTAL, OR PSYCHOLOGICAL SERVICES (INCLUDING OVER-THE-COUNTER MEDICATION AS NEEDED) UNDER THE SUPERVISION OF MEDICAL STAFF FOR ILLNESS AND ACCIDENTS THAT MAY ARISE WHILE AT CAMP?

YES _____ NO _____

2. DO YOU GIVE PERMISSION FOR YOUR CHILD TO RECEIVE THE MEDICAL SERVICES OF A SPECIALIST?

YES _____ NO _____

3. IN THE EVENT OF AN EMERGENCY AND YOU CANNOT BE CONTACTED, DO YOU GIVE PERMISSION FOR YOUR CHILD TO RECEIVE EMERGENCY MEDICAL TREATMENT AND/OR SURGICAL PROCEDURES THAT MAY REQUIRE THE USE OF AN ANESTHETIC?

YES _____ NO _____

SIGNATURE OF PARENT/LEGAL GUARDIAN: _____ **DATE:** _____

CAMPER NAME _____

