

**2010 Boston Baseball Camp**  
P.O. Box 365453  
Hyde Park, MA 02136  
617-361-7362  
www.bostonbaseballcamp.org

Boston Baseball Camp is now accepting applications for the 2010 summer season.

Location: West Roxbury High School  
Time: 9 a.m. - 2 p.m.  
Ages: 7-14  
Sessions: Four one week sessions beginning July 12<sup>th</sup>.  
Fee: \$100.00 for one child, additional \$50.00 for second child in a family, \$10.00 for each additional child in a family.  
Physical: Current physical exam (**within 24 months**) is necessary: as well as an up-to-date record of immunizations. Please enclose with application.

- A child may attend camp for one or two weeks. Weeks need not be consecutive. In order to minimize registration problems, we suggest that payment be made at time of registration. If this presents a problem, please send the registration form and indicate when payment will be made.
- Financial aid is available for families who would otherwise be unable to afford camp. To apply for aid, please include a short note indicating why you wish to receive scholarship aid. It is our intent to offer this camp to any child who wishes to participate, regardless of financial status.
- Due to the great popularity of this camp, we suggest that you register early. If any changes need to be made, we will do our best to accommodate you. Registration fee is non-refundable, except in cases of injury or illness of the child.
- After May 1<sup>st</sup>, registrations will be accepted, on a space available basis, from non-Boston residents at a cost of \$150.00 per child.

This camp must comply with regulations of the Massachusetts Department of Public Health and be licensed by the local board of health.

Boston Baseball Camp complies with all Health and Inspectional Services regulations.

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**Boston Baseball Camp 2010 Registration Form**  
**Please print clearly, particularly phone numbers.**

Child Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Age(at camp) \_\_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_

**Email Address** \_\_\_\_\_

Parent Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Other Phone \_\_\_\_\_

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

Sessions: 1) July 12-16 \_\_\_\_\_ 2) July 19 - 23 \_\_\_\_\_

3) July 26-30 \_\_\_\_\_ 4) August 2- 6 \_\_\_\_\_

Parent Signature \_\_\_\_\_

Medical information: \_\_\_enclosed \_\_\_will forward

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Please return this form before your child attends camp. Thank you.

Indicate any recent illness or medical or health issues that we should be aware of, such as asthma or allergies, medication, eyeglass or contact lens wear, or anything else which may affect your child.

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**MANDATORY PHYSICAL EXAM & IMMUNIZATION**

Registration WILL NOT be complete until we receive a copy of the most recent physical exam and immunization record. In order to participate the physical must have taken place within 12 months of attending camp.. Due to the Board of Health regulations, each camper must submit an updated copy of most recent physical and immunization record regardless of previous attendance at camp.

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**PARENTAL CONSENT FORM FOR EMERGENCY MEDICAL CARE.**

I hereby grant permission for Boston Baseball Camp personnel to call 911 and provide for emergency medical care in the e event that my child needs immediate and vital medical attention. I do this with the understanding that every effort will be made to contact me if a medical emergency arises.

Child's Name \_\_\_\_\_ Date \_\_\_\_\_

Parent Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Work phone \_\_\_\_\_ Other Emergency Numbers \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

State regulations require that we have this signed consent form on file for each child.

Please list names of adults who may be picking up your child on the reverse side of this application

Name and relationship

Please list the names of the persons who may be picking up your child at the end of the camp day.

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