

Spring Break Baseball Camp



The Spring Break baseball camp is for kids ages 6-13 years old. It will be held at the academy location and consist of fun filled baseball activities. All participants should bring a bag lunch. Camp runs 9-1pm for 3 days.

3036 Churchville Road, Churchville, MD

**Monday, April 1st
Tuesday, April 2nd
Wednesday, April 3rd**

**Cost: \$90 members
\$125 nonmembers
(price for all four days)
Ages 6-13 years old**



PARTICIPATE'S NAME_____ IS HE/SHE A MEMBER?_____

PARENT'S NAMES_____ D.O.B._____

ADDRESS_____

CITY_____ ZIP_____ PHONE_____

EMERGENCY CONTACT NAME_____ PHONE_____

YEAR'S OF EXPERIENCE IS BASEBALL_____

HEALTH INFORMATION: ARE THERE ANY SPECIAL NEEDS, MEDICAL CONDITIONS, OR
BEHAVIORAL CONDITIONS THAT WE NEED TO BE AWARE OF TO ENSURE YOUR CHILD'S SAFETY?
CHECK ANY THAT APPLY AND GIVE MORE INFORMATION, PLEASE.

_____GOOD GENERAL HEALTH

_____SEIZURE

_____ALLERGY, FOOD OR OTHER

_____ASTHMA

_____BEHAVIORAL ISSUE

_____DIABETES

_____MENTAL HEALTH CONDITION

_____PRESCRIPTION MEDICATION

_____OTHER CHRONIC HEALTH CONDITION

_____OTHER MEDICATION

EXPLANATION:_____

PAYMENT INFORMATION:

TYPE OF PAYMENT_____ TOTAL AMOUNT_____ DATE PAID _____

CREDIT CARD TYPE_____ #_____ EXP_____

I have read and answered to the best of my knowledge, the above questionnaire. I agree that all exercise and activities (including, but limited to exercise classes, cardio, strength equipment, pools, field activities) here at the club shall be undertaken by me at my sole risk. I release Harford Health & Fitness Club, Inc., its officers, directors, employees and shareholders, from any claim for any injury to me personally, damage to my personal property, or theft thereof, while I am at the Harford Health & Fitness Club, including claims arising from negligence of Harford Health & Fitness Club employees and agents. I understand that I must be a current member in good standing at the time of service to receive member discount. All images taken can be used in all or any future marketing.

PARENTS SIGNATURE_____ DATE_____

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