

**CAMP TUITION: \$140.00**

**\*Special Discounts**

- 1. Campers who have previously attended a BABBITT or KBC Day Camp will receive \$10.00 OFF!
- 2. \$10.00 OFF each camper when 2 or more applications received in the same envelope!
- 3. \$10.00 OFF when more than one immediate family member attends camp!
- 4. If attending more than one camp, \$10.00 OFF each camp!
- 5. Group rate discount for 6 or more - \$25.00 off (total of \$115. each).

**\*\*DISCOUNTS CANNOT BE COMBINED\*\***

DETACH HERE

**DAY CAMP ENROLLMENT APPLICATION**

<p><b>June 2-5</b> Fern Creek Babe Ruth Fern Creek Park 8715 Ferndale Road</p> <p><b>June 2-5</b> Middletown Recreation Association Crosby Park, Madison Street Middletown, KY</p> <p><b>June 9-12</b> St. Matthews Little League 310 Ten Pin Lane St. Matthews, KY</p>	<p><b>June 9-12</b> Germantown Baseball, Inc. 1537 Poplar Level Road Louisville, KY</p> <p><b>June 16-19</b> Lyndon Recreation Association A.B. Sawyer Park, 9310 Whipps Mill Rd. Lyndon, KY</p>	<p><b>June 16-19</b> New Albany Little League Mt. Tabor Field, Mt. Tabor Rd. &amp; Grant Line Rd. New Albany, IN</p> <p><b>June 16-19</b> Southern High School 8620 Preston Highway Okolona, KY</p> <p><b>July 14-17</b> North Oldham Little League John Walsh Park LaGrange, KY</p>
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**CIRCLE DATE -  
CAMP CHOICE**

Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Mother/Guardian Work Phone \_\_\_\_\_ Father/Guardian Work Phone \_\_\_\_\_

Name of your Spring 2008 Baseball League \_\_\_\_\_

Throw: [ ] R [ ] L Hit: [ ] R [ ] L Shirt size (circle one) Adult: S M L XL

How did you learn of Kentuckiana Baseball Camp? [ ] Mail [ ] Handout [ ] Prior Attendance  
[ ] Advertisement [ ] Other \_\_\_\_\_

TO ENROLL, COMPLETE THE APPLICATION AND MAIL WITH YOUR CHECK TO:

**KENTUCKIANA BASEBALL CAMPS**  
P.O. Box 436864  
Louisville, KY 40253  
www.kentuckianabaseball.com

PAYMENT METHOD: [ ] Check [ ] Money Order **Payable to: Kentuckiana Baseball Camps**

**IMPORTANT MEDICAL INFORMATION:**

Name of Medical Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

Is your child currently taking any medication: [ ] Yes [ ] No

If yes, what is the medication?: \_\_\_\_\_

I [ ] AM [ ] AM NOT enclosing a note explaining any physical limitations or other information

I approve my child's attendance at Kentuckiana Baseball Camp. My child is in good health and is capable of participation in all camp activities. I authorize Kentuckiana Baseball Camp to request and obtain medical treatment as necessary to ensure the well-being of my child. Kentuckiana Baseball Camp assumes no liability for injuries or damages to a camper as a result of normal participation in its program. Since baseball is a strenuous game, campers are urged to consult their physician regarding their fitness to participate. It is obvious that baseball has certain risks and potential hazards which the participant must consider and ultimately be prepared to assume. Permission is hereby given Kentuckiana Baseball Camp to use photographs and/or endorsements of campers and/or parents in its promotional materials.

**PARENT/GUARDIAN MUST SIGN HERE CERTIFYING THAT THE ABOVE INFORMATION HAS BEEN READ, COMPLIED WITH, AND AGREED TO.**

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
For Official Use Date Received \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Check Amt. \_\_\_\_\_ Money Order/Certified Check # \_\_\_\_\_  
Name \_\_\_\_\_