

**2011 ARMY BASEBALL
ROAD TO OMAHA CAMP (AUGUST 26th – 28th)
APPLICATION & REGISTRATION FORM**

Name: _____ **Gender:** ___M___F
Last Name First Name Middle Initial

Address: _____
Street & Number City State Zip

Home Phone: _____ **Work Phone:** _____

Cell Phone: _____ **Email:** _____

Age: (1st day of camp) _____ **Height:** _____ **Weight:** _____ **Shirt Size (Adult):** S M L X

Birth Date: _____

Position: _____ **Years of Playing Experience:** _____

School Attended: _____ **Grade Completed:** _____

Summer Travel Team: _____

SAT: CR___ M___ WR___ **ACT:** E___ M___ SC___ R___ WR___ **GPA:** _____

I verify that my child has been seen by a licensed physician and is physically able to participate in the Army Sports Camp. I agree to allow my child to be treated by medical personnel at camp if necessary.

Health Insurance Company and Policy Number: _____

Parent's Signature: _____

Parent's Name (Printed): _____

Date: _____

***Return application with **\$100 NON-REFUNDABLE DEPOSIT for EACH SESSION**. The **REMAINING BALANCE** along with the **Health and Waiver forms** (included with the brochure and also available on-line at www.goarmysports.com) are due **2 weeks prior to the start of camp**. Make checks payable to: **Army Athletic Association**. For additional information, please contact the Camp Director. Enrollment confirmation will be sent upon receipt of application and deposit. If you desire a particular roommate, please indicate below. (Limit request to 3 additional names in same camp).

Roommate #1: _____ **Roommate #3:** _____
Roommate #2: _____

Send Deposit and Forms To:
Army Baseball
Bldg 639 Howard Rd.
West Point, NY 10996

Office Use ONLY
Camp Date rec'd: _____
Amount: _____
Bal. Due: _____

If you have any questions please do not hesitate to call us at: (845) 938-3712