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**Registration for BASIC Summer Program East in English**

The American Baseball Foundation welcomes your participation in Summer BASIC 2019

- Complete the registration form for the program that you select, either East or South. Make copies for each child that you register.
- Copy and complete the medical form for each child that you register.
- Cost: \$50 per family, including all brothers and sisters, 7 to 14 years of age. No child under seven may participate. Pay with cash, money order or use credit card. No checks accepted.
- **Note: Only families whose children attend the entire month will be accepted.**
- Send or bring in completed forms and fees. See address below.

David Osinski  
American Baseball Foundation Inc.  
833 Saint Vincent's Drive Suite 205A  
Birmingham, AL 35205  
Telephone: 205-558-4235  
Email: [abf@asmi.org](mailto:abf@asmi.org)  
Web: [www.americanbaseballfoundation.com](http://www.americanbaseballfoundation.com)

**BASIC SUMMER 2019 East**  
**Baseball & Academic Skills Instructional Course**  
**BASIC REGISTRATION FORM**

**GENERAL INFORMATION**

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_  
(Last) (First)

D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_ ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMER. PHONE #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_ Male \_\_\_ Female \_\_\_

**PERSONAL INFORMATION**

Name of School that the student/s will be attending in the Fall of 2019 \_\_\_\_\_

Grade that the student/s will be going into in the Fall of 2019 \_\_\_\_\_

BAIC Program East

**PERMISSION SECTION**

I \_\_\_\_\_ give permission for my child \_\_\_\_\_ to attend the BASIC  
(Parent/Legal Guardian)

program at from June 3th through June 28th, 2019, located at Our Lady of Lourdes Catholic Church 980 Huffman Road, Birmingham, AL 35215. I will assume all financial responsibility for my child in the event of an injury, as well as damage inflicted to any persons or property. The American Baseball Foundation Inc. and Our Lady of Lourdes Catholic Church are released of any liability in the event of any injury, which could result from normal activity during the camp. They are also allowed to take reasonable measures in an emergency situation involving my child. By signing this form, I agree that my child/children will attend all four weeks of the program.

**Media Release**

My child/ren has/have permission to be photographed, or videotaped for publicity for ABF projects. I understand that any proceeds from projects will be used to benefit the ABF and no participant can be rewarded financially for participating in these projects. Also from time to time the news media reports on ABF community projects. This form serves as a legal release from those situations.

Please note that no sponsoring organization can supervise your children before the hour of program commencement. Do not drop off your child earlier than the time of the starting of the program each day. Please be prompt in picking them up at the end of the program. *I agree that my child/children will attend for the entire four weeks of the program.*

I fully understand and agree to the terms stated above.

SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

Return this form to: American Baseball Foundation, 833 St. Vincent's Drive, Suite 205 A, Birmingham, AL 35205; Tel: 205-558-4235; Fax: 205-918-0800; email: [abf@asmi.org](mailto:abf@asmi.org); Make all money orders out to the ABF. No checks accepted. For credit cards, please call: 205-558-4235. Or return forms and payment to Our Lady of Lourdes parish.

**BASIC Sponsors & Partners 2019** Vulcan Materials Company \* Academy Sports & Outdoors \* Community Foundation of Greater Birmingham \* The Daniel Foundation \* Mike & Gillian Goodrich Foundation \* Better Basics Inc \* Birmingham Barons LLC \* Dick's Sporting Goods \* Caring Foundation of BCBS of AL \* Publix Super Markets Charities \* Jugs Inc. \* Children's Fresh Air Farms \* SAIL Consortium \* Charles T. Campbell Charitable Foundation \* Hamburger Heaven \* Davenport's Pizza \* Donato's Pizza \* Hispanic Ministry St. Francis Xavier Catholic Church \* CAWACO RC&D Council \* Honda Motor Manufacturing of Alabama \* Michael Brown \* Tom Scarritt \* Garrett Sutton \* Steve Folven \* Robert Smith \* Doug Smith \* Wells Fargo Bank \* Alabama Power Foundation \* Susan & Wyatt Haskell \* Baden Sports \* United Way of Central Alabama \* Redmond Hogan \* Neil McFadden \* McConnel, White & Terry \* Luke Dunn \* Hillcrest Foundation, Inc. \* Suzanne & Mike Graham \* Morgan & Susan Eiland \* Gary Kepplinger \* Tom Hazuka \* Rich Stephens \* Pacific Headwear Inc. \* Our Lady of Lourdes Catholic Church \* John Carroll Catholic High School \* Hoover Metropolitan Stadium \* High Tower Twickenham \* Huntsville School System \* Mizuno USA \* TSA, Inc. \* Protective Life Foundation \* Cutting Tools Engineers



**American Baseball Foundation  
BASIC Medical Authorization**

I \_\_\_\_\_ an adult, give the following medical information for \_\_\_\_\_ (full name of student) as related to the ABF program. I hereby authorize the American Baseball Foundation (ABF) to act for me according to their best judgment in any emergency requiring medical attention during the 2019 BASIC program. I also hereby waive and release the ABF from any and all liability for any injuries or illnesses incurred while participating in the program. I have no knowledge of any physical impairment that would be adversely affected by participation of the student in the ABF BASIC program.

Parent or Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student first & last name/s & age : \_\_\_\_\_

Medications currently being taken: \_\_\_\_\_

Are you allergic to any medications? If so, please list \_\_\_\_\_

Please list any serious medical illnesses that you have had in the past. \_\_\_\_\_

In case of emergency, please notify:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Cell phone number: \_\_\_\_\_

Email: \_\_\_\_\_

Medical/Accident Insurance Carrier: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Name of Policy Holder: \_\_\_\_\_

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