



## ASTOR SUMMER CAMP ENROLLMENT FORM

DATE OF ENROLLMENT: \_\_\_\_\_ ☐ 3 DAYS A WEEK ☐ 5 DAYS A WEEK

CHILDS NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ GRADE: \_\_\_\_\_

PARENT/GUARDIAN NAME: (child resides with): \_\_\_\_\_

RELATIONSHIP TO CHILD: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ APT #: \_\_\_\_\_ CITY \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOME TELEPHONE: \_\_\_\_\_ WORK TELEPHONE: \_\_\_\_\_

CELLULAR PHONE: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

### LIST BELOW NAMES OF THREE (3) PERSONS CAN PICK ARE ALLOWED TO PICK UP YOUR CHILD

NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

### IS THERE A PERSON(S) WHO MAY NOT HAVE ACCESS TO CHILD (PLEASE INDICATE BELOW)

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ ORDER PROTECTION EXIST: YES ☐ NO ☐

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ ORDER PROTECTION EXIST: YES ☐ NO ☐

### BASEBALL EXPERIENCE:

Has your child played organized baseball before? ☐ YES ☐ NO

If so, for what organization and/or team? \_\_\_\_\_

How many years? \_\_\_\_\_

### T-SHIRT/CAP ORDER FORM: (PLEASE SELECT ONE)

YOUTH SIZE: ☐ SMALL ☐ MEDIUM ☐ LARGE ☐ XL

ADULT SIZE: ☐ SMALL ☐ MEDIUM ☐ LARGE ☐ XL

CAP SIZE: ☐ SM/MD ☐ MD/LG



## EMERGENCY CONTACT PERSON

### CONTACT PERSON INFORMATION:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

BEST CONTACT NUMBER: \_\_\_\_\_ ☐ MOBILE ☐ HOME ☐ WORK

RELATIONSHIP TO CHILD: \_\_\_\_\_

### CHOICE OF HOSPITAL:

NAME: \_\_\_\_\_ TELEPHONE NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HEALTH INSURANCE NAME: \_\_\_\_\_ POLICY NUMBER: \_\_\_\_\_

Please indicate below any permanent or temporary medical or other conditions, including special dietary and medications needs, which the staff should know about your child:

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I \_\_\_\_\_, understand if my child requires medication (prescription or,  
(PARENT/GUARDIAN NAME)

over the counter) during the time they are under the supervision of Astor Baseball League, I will provide the medication in the original container with my child's name, the name of the medication, any directions and/or special precautions.

Furthermore, I agree that in the event of an emergency injury or illness, the staff member(s) on this facility may act on my behalf and at my expense in obtaining medical treatment for my child(ren). I understand that a conscientious effort will be made to locate me or any emergency contact person before any action will be taken.

Print name of parent/guardian: \_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_

DATE: \_\_\_\_\_



## MEDIA CONSENT AND RELEASE FORM

During summer camp there may be times in which the staff or other volunteers may wish to take photos and/or videos of the children. These could be used for various reasons including but not limited to use of television (ex. News stories, or interest pieces), our website, our program brochures, newspaper articles, etc.

☐ I, as the parent or legal guardian of \_\_\_\_\_, hereby **GIVE** permission for Astor Baseball League/NY Sluggers Baseball Academy, to photograph, and record my child for use of electronic, digital, and printed media.

☐ I, as the parent or legal guardian of \_\_\_\_\_, hereby **DO NOT** give permission for Astor Baseball League/NY Sluggers Baseball Academy, to photograph, and record my child for use of electronic, digital, and printed media.

☐ I, as the parent or legal guardian of \_\_\_\_\_, hereby give **LIMITED** permission for Astor Baseball League/NY Sluggers Baseball Academy, to photograph, and record my child for use of electronic, digital, and printed media.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**BY SIGNING BELOW, I CERTIFY THAT I HAVE READ THE MEDIA CONSENT AND RELEASE FROM STATEMENT ABOVE, AND FULLY UNDERSTAND ITS TERMS AND CONDITIONS**

**PLEASE PRINT:**

Name of child: \_\_\_\_\_

Print name of parent/guardian: \_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_

Date: \_\_\_\_\_



## REFUND POLICY

By registering your child with Astor Baseball League programs, you are agreeing to the following refund policies:

No refund will be issued once the child has participated one (1) week into the start of the program and has registered. Our program has limited space for cancellations after the name has been submitted which can hinder our ability to properly plan and organize our programs.

No refund will be issued due to child moving out of the area, a change in work schedule, disenrollment or other similar circumstances not related to the league. A child's decision to no longer participate in the program is not grounds for a refund.

No refund will be issued due to termination from team due to violation of players conduct and/or attendance..

No refund will be issued due to injury. Participation in sports, even at the recreational level may result in an injury.

No refund will be issued due to government-mandated closure or natural circumstances beyond our control. Participants will be issued pro-rated credit for only the cancel portion of the program if less than seventy-five (75) percent of the program, on average, had been completed at the time of closure and we are unable to resume the program in a reasonable amount of time.

If a program is canceled due to lack of participation registration or field/facility issues not related to the weather or similar natural causes beyond our control, participants may be given the option to receive a league credit. If you fail to respond to the league cancellation notice by the indicated deadline, you will receive league credit only. This policy does not apply to programs canceled due to government-mandated closures or natural circumstances beyond our control.

We reserve the right to postpone the start of, or to suspend the program currently in progress. Postponed or suspended program for reasons beyond our control, participants will be issued a pro-rated credit for only the cancel portion of the program if less than seventy-five (75) percent of the program, on average,



had been completed at the time of closure and we are unable to resume the program in a reasonable amount of time.

We will do our best to be remain open and operational on our scheduled days. On occasion, camp may be postponed or relocated to our indoor facility due to weather, field conditions or other reasons; refunds will not be issued.

**BY SIGNING BELOW, I CERTIFY THAT I HAVE READ THE REFUND POLICY FROM STATEMENT ABOVE,  
AND FULLY UNDERSTAND ITS TERMS AND CONDITIONS**

Print name of parent/guardian: \_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_

Date: \_\_\_\_\_



## **Terms and Conditions**

This contract covers the 2025 Astor Baseball League Summer Camp season which is set to start on June 23, 2024, through August 29, 2024, and will begin on date of execution or date of set first day of summer camp and will end on the last day of the summer camp, unless extended, terminated, or renewed as specified elsewhere in this contract.

### **Summer Camp Locations:**

Our summer camp will be held at our outdoor facility, Astor Baseball League located at 2701 Bruner Avenue, Bronx, NY 10469. In the event of weather conditions, field conditions and/or any other reasons our summer camp may be relocated to our indoor High Bridge Sluggers Baseball Academy facility located at 216 Fort. Washington Avenue, New York, NY 10032.

### **Summer Camp Days and Time:**

Summer Camp will be from Monday through Friday from 8:30 a.m. to 2:00 p.m. Parent, guardian or authorized pick up person, must always be prepared to show a photo ID at the time of pick up. They must sign out the child before the child is released. If someone other than an authorized person will be picking up your child, the Program President, coaches and/or board member must be informed by the parent or guardian.

Please note, the staff is not responsible for your child once summer camp has ended and/or has been picked up by their parents or guardian. Astor Baseball League is not reliable or will be held accountable of any injury or incident that occurs on our facility once the child has been picked up.

### **Late Drop Off/Pick Up:**

Drop off time is from 8:00 a.m. to 8:30 a.m. No child will be allowed onto the facility after 9:00 a.m. Five (5) late drop off may result in the disenrollment of your child, to accommodate a child on the waitlist. Refund will not be granted should your child be disenrolled. (Please refer to the refund policy page.)



Pick up time is from 2:00 p.m. to 2:30 p.m. If you are running late, you must call the camp and notified of your lateness. After 15 minutes you will be charged a \$10.00 late fee for every 15 minutes that you are late. If your child is picked up late more than five (5) times during the duration of the program, you will be charged an additional \$250.00 to the total balance of your summer camp fee. Please be aware that if your child is here more than one (1) hour after camp has ended, we will have no choice but to turn custody of your child over to the local police precinct

### **Early Pick Up**

If a child will be leaving earlier than the dismissal time, the Program President, coaches and/or board member must be notified at least two (2) hours prior to the start of the program by the child' s parent/guardian. We understand there may be days in which your child must be picked up before the program ends. Since this is a high demand program with a waiting list, consistent child participation is critical to the successful development of the child and their achievements. Enrolling your child in the program is committing them to participate in the entirety of the program duration on a daily basis. Children that are consistently picked up from the program early will be removed from the program and no refund will be warranted (Please refer to the Refund Policy page.). If your child must be picked up due to an emergency the Program President and/or coaches must be contacted prior to your arrival. Your child will not be released to anyone who is not on the enrollment form and/or contact card unless authorized in writing by the respective parent/guardian. Please be sure to inform the Program President, coaches and/or board members in writing if there are any changes to authorized pick-up person

**BY SIGNING BELOW, I CERTIFY THAT I HAVE READ THE STATEMENT ABOVE, AND FULLY UNDERSTAND ITS TERMS AND CONDITIONS**

**Print name of parent/guardian:** \_\_\_\_\_

**Signature of parent/guardian:** \_\_\_\_\_

**DATE:** \_\_\_\_\_



## 2025 SUMMER CAMP SEASON FEES & PAYMENT AGREEMENT

**REGISTRATION FEE: \$300.00**

*\*MUST BRING IN ON DAY REGISTRATION IN ORDER TO HOLD A SPOT FOR YOUR CHILD*

**3 DAYS SUMMER CAMP FEE: \$800.00 (monthly)**

**5 DAYS SUMMER CAMP FEE: \$1,100.00 (monthly)**

\*15% off the 2<sup>nd</sup> sibling

\*20% off the 3<sup>rd</sup> sibling

I \_\_\_\_\_, understand and agree that I am financially responsible for  
(PARENT/GUARDIAN NAME)  
payment in the amount stated above. I agree to pay \$300.00 to register my child which will also guarantee a spot for them. I agree to pay the remaining balance on the **FIRST AND THIRD FRIDAY OF THE MONTH** that my child will be attending camp.

### PAYMENTS CAN BE MADE IN CASH, PERSONAL CHECKS OR ZELLE

**Zelle Information:** (347) 807-7363 (Astor Little League, Inc.)

Checks can be made out to **Astor Baseball League**

**PAYMENT SHALL BE DEEMED DELINQUENT IF NOT RECEIVED BY THE ABOVE PAYMENT DATES. IF ANY SCHEDULED PAYMENT RELATED TO THIS AGREEMENT IS DEEMED DELINQUENT DURING THE TERM OF THIS AGREEMENT, THE AGREEMENT SHALL BE CONSIDERED TO BE IN DEFAULT, AND THE ENTIRE AMOUNT OWED SHALL BE DUE AND PAYABLE IMMEDIATELY.**

**BY SIGNING BELOW, I CERTIFY THAT I HAVE READ THE STATEMENT ABOVE, AND FULLY UNDERSTAND ITS TERMS AND CONDITIONS**

Print name of parent/guardian: \_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_

DATE: \_\_\_\_\_