

BASIC



&

ACADEMIC

SKILLS

INSTRUCTIONAL

COURSE

Twentieth Annual Summer BASIC Program

The American Baseball Foundation offers its twentieth annual summer program for male and female students ages 7 through 14. BASIC combines sports skill instruction with reading and math related to sports to motivate students to improve academics in June of each year.

Venue: Hudson K 8 School, 3300 F. L. Shuttlesworth Drive, Birmingham, AL 35207, tel: 205-231-3000.

Duration: June 5 through June 30, 2017 (no Friday sessions)

Hours: 8:00 am to 2:30 pm

Cost: \$50 per family, including all brothers and sisters. Pay with cash, money order or use credit card. No checks accepted.

Self-transportation

Complete registration and medical forms and send along with fees to:

David Osinski
American Baseball Foundation Inc.
833 Saint Vincent's Drive Suite 205A
Birmingham, AL 35205
Telephone: 205-558-4235
Email: abf@asmi.org

20th Annual Baseball & Academic Skills Instructional Course

BASIC REGISTRATION FORM SUMMER 2017

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 2017 _____

Grade that the student/s will be going into in the Fall of 2017 _____

PERMISSION SECTION

I _____ give permission for my child _____ to attend the BASIC

(Parent/Legal Guardian)

program at from June 5th through June 30th, 2017, located at Hudson K 8 School, 3300 F L Shuttlesworth Drive, Birmingham, AL 35207, 231-3000 (no Friday sessions). 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 Hudson K 8 School is 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.

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 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; Make all money orders out to the ABF. No checks accepted. For credit cards, please call: 205-558-4235

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 2017 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: _____

BASIC Sponsors & Partners 2017

Vulcan Materials Company * Academy Sports & Outdoors * The Belk Foundation* Community Foundation of Greater Birmingham * The Daniel 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 * Jerome Mileur * Charles T. Campbell Charitable Foundation * Hamburger Heaven * Davenport's Pizza * Donato's Pizza *Hispanic Ministry St. Francis Xavier Catholic Church* SJN McDonalds* Tecala Companies * Independent Presbyterian Church Foundation * * CAWACO RC&D Council * Honda Motor Manufacturing of Alabama * Vickie Ross * Michael Brown *Minor League Baseball * Tom Scarritt * Garrett Sutton* Steve Folven * Robert Smith* Doug Smith * Mt. Brook Sporting Goods * 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 * HealthSouth Corporation * Birmingham School System * Hudson K 8 School * Hillcrest Foundation, Inc. * UAB Benevolent Fund* North Alabama Conference, The United Methodist Church * Regions Bank* Suzanne & Mike Graham * Morgan & Susan Eiland * Gary Kepplinger * Tom Hazuka * Rich Stephens