

ABF 2022 ABF SUMMER REGISTRATION FORM

Registration Form for either BASIC East or BASIC South please print

NAME: _____ AGE: _____
(Last) (First)

NAME: _____ AGE: _____
(Last) (First)

NAME: _____ AGE: _____
(Last) (First)

D.O.B. ___/___/___ D.O.B. ___/___/___ D.O.B. ___/___/___

ADDRESS: _____ CITY: _____ STATE: _____
ZIP CODE: _____

CELL PHONE: _____ EMER. PHONE #: (____) _____ - _____

Email: _____ Male__ Female__

Race/ethnicity () White () African American () Hispanic () other

SCHOOL INFORMATION

Name of School that the student/s are attending in the Fall of 2022 _____

Grade that the student/s are in the Fall of 2022 _____

Do your children have access to the internet at your house? Yes____ No_____

PERMISSION SECTION

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

Summer 2022 program at (**check one venue**) ___BASIC East Our Lady of Lourdes Catholic Church, 980 Huffman Road, Center Point in Birmingham 35215. ___BASIC South Indian Springs First Baptist Church 3375 Cahaba Valley Rd, Indian Springs Village, AL 35124 from June 1 through June 30, 8:00 am to 2:30 pm.. 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, Our Lady of Lourdes Catholic Church, Indian Springs First Baptist 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

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 will 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.

COVID19: Note that the American Baseball Foundation Inc. attempts to maintain sanitary and hygienic conditions for all program participants. Participant families must advise the ABF of any known COVID 19 case involving their family and must not bring any student to the program who has COVID 19 symptoms, or who has been exposed to a person who has tested positive for COVID 19 within the last 10 days.

My children will attend the entire program. No vacations are permitted during the program.

I fully understand and agree to the terms stated above.

SIGNATURE _____ DATE: ___/___/___

Return this form to: American Baseball Foundation, Tel: 205-558-4235; email: abf@asmi.org 833 St. Vincent's Drive Suite 205 A Birmingham, AL 35205

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