Dave Scagnelli’s Softball Camp

*Registration Form*

*General (camper)*

First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_ ZIP \_\_\_\_\_\_\_\_\_\_\_\_

Birthdate \_\_\_\_ /\_\_\_\_ /\_\_\_\_\_\_\_ Age \_\_\_\_\_\_ School \_\_\_\_\_\_\_\_\_\_

T-Shirt size *(please highlight/bold/underline one):*

*Y*outh Small, Youth Medium, Youth Large, Youth XL

Adult Small, Adult Medium, Adult Large, Adult XL

*Contact:*

Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent 1 Cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent 1 Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent 2 Cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent 2 Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emergency Contact Cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Skill*

*Skill Level (please circle one):*

Beginner Intermediate Advanced

*Previous Softball Experience (please highlight/bold/underline one):*

Tee Ball Recreation Tournament/Travel

Modified Junior Varsity Varsity

*Camp Schedule*

*Please check desired week(s) of enrollment*

*July 14 - 18 \_\_\_\_\_\_\_\_\_\_\_*

*July 21 - 25 \_\_\_\_\_\_\_\_\_\_\_*

*July 28 - Aug 1 \_\_\_\_\_\_\_\_\_\_\_*

July 4 - 8 \_\_\_\_\_\_\_\_\_\_\_

Aug 11 - 15 \_\_\_\_\_\_\_\_\_\_\_

Aug 18 - 22 \_\_\_\_\_\_\_\_\_\_\_

\*\*Every camper needs a vaccine for measles signed by a doctor. If the camper has not been vaccinated this year and an outbreak occurs in Westchester County, the camper will be unable to return to camp for 21 days. Please submit proof of vaccination by a doctor to Coach Scagnelli before your first day of camp.\*\*

*Medical Information*

Does your child have asthma?

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

Does your child use an inhaler before participating in athletic activities?

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

Any allergies?

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

Has your child suffered a concussion recently?

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

Does your child have any recent injuries we should know about?

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

As a parent or guardian of the applicant, I agree to comply with all camp regulations and give permission for my child to participate in Dave Scagnelli’s Softball Camp.  I hereby remove all camp staff, management, Dave Scagnelli Incorporated, Supply Field, and Scarsdale Recreation Department from any and all liability for injury or damages incurred while involved in this program.  Dave Scagnelli Incorporated retains all rights to any photographs or videos taken during camp hours for marketing purposes.  I agree that prior to March 1, 2025 cancellations are refundable minus $200.  After April 1, 2025 cancellations are non-refundable. MAKE-UP DAYS ARE ONLY OFFERED WHEN CAMP CLOSES DUE TO THE WEATHER.

Signature                   Date

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