RED STORM™

REGISTRATION FORM

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

E-mail _____

Date of Birth _____ Height _____ Weight _____

Age _____ Grade _____

School Name _____

High School Graduation Year _____ Position _____

Emergency Contact _____

Emergency Contact Phone no. _____

GROUP RATES ONLY
$275 Camp registration for 1 week
$525 Registration fee for both week

Please call regarding group rates of five or more.

Week (s) 1____ 2____ Both ____

Parent or guardian must sign: As parent or legal guardian of above applicant, I authorize the Ed Blankmeyer Baseball Clinic to request medical treatment as necessary to ensure the well-being of the applicant. We, the undersigned, for ourselves, or heirs, executors and administrators, waiver and release and forever discharge Ed Blankmeyer Baseball Clinic, their staff, officers, agents, representatives, employees, successors and assigns of and from any and all rights calims for damages to person or property which may be sustained or occur during participation in activities, to or from program, whether paid damages, injury or loss are due to negligence or not.

_____

Parent/Guardian Signature

Make checks payable to: Ed Blankmeyer, Inc.

Send application with payment to:
Ed Blankmeyer
84 Chimney Ridge Drive
Convent Station, NJ 07960

Register online - no additional charge
www.RedStormBaseballCamps.com

DON'T MISS OUT!

REGISTER FOR ED BLANKMEYER'S CAMPS & CLINICS TODAY!

DIRECTIONS TO RED STORM BASEBALL CLINICS

From the East (LI): Northern State Parkway west, exit at 188th street. Turn left at light and make immediate right onto service road. Follow service road to Utopia Parkway (2nd light) and make right to campus on left OR Long Island Expressway west, exit at Utopia Parkway (Exit 25), left on Utopia Parkway take to Union Turnpike. Continue through Union Turnpike. Campus is on right. Entrance is on right. Enter through Gate 1.

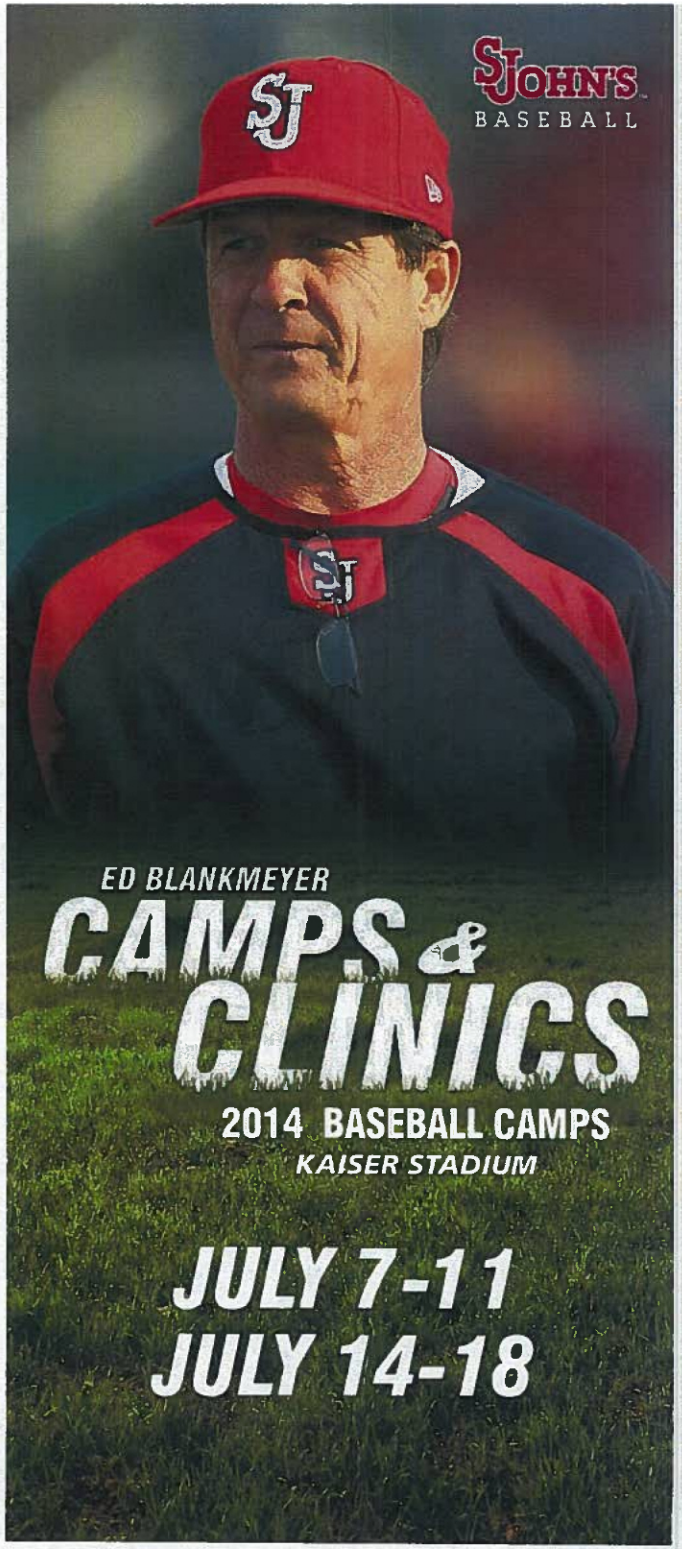
From the West (Brooklyn): Belt Parkway (east) to Van Wyck Expressway (678N), exit on Main Street Union Turnpike. Proceed to third traffic light, make a right turn onto Grand Central Parkway service road to Utopia Parkway, make left on Utopia. Campus is on left. Entrance is on left. Enter through Gate 1. OR Jackie Robinson Parkway (east) to Grand Central Parkway (east), exit at Utopia Parkway and take a left at Utopia Parkway. Campus is on left. Entrance is on left. Enter through Gate 1.

Your confirmation letter and medical forms will be sent after registration is received.

Thank you.

St. John's Baseball Office: 718-990-6148

Please visit
www.RedStormSports.com
or
www.RedStormBaseballCamps.com
for online registration for camps.



ACKNOWLEDGMENT, WAIVER, RELEASE AND INDEMNIFICATION AGREEMENT

The undersigned, who intends to take the Red Storm Baseball camp at The Ballpark at St John's located at St. John's University, New York (the "University"), hereby acknowledges that the Red Storm Baseball camps are not sponsored by the University, and are being provided solely by Ed Blankmeyer Inc/Head baseball Coach on the University's premises. I hereby acknowledge and accept that there are certain risks arising from or in connection with the Red Strom Baseball Camps, including but not limited to bodily injury. I am fully aware of the risks and hazards connected with the activity, and voluntarily assume full responsibility for any risks of loss, property damage or personal injury that may be sustained by me as a result of my taking Red Storm Baseball Camps, whether caused by the negligence of the University or otherwise.

I hereby represent and warrant that I am in good health and that I have no health condition, illness or communicable disease that may make my use of the Ballpark at St John's injurious to me or any other user of The Ballpark at St John's. If I should develop any such condition, illness or disease during the term of the Red Storm Baseball camps, I promise to discontinue the Red Storm Baseball camps until I have received an appropriate medical release from my doctor authorizing me to continue the Red Storm Baseball camps.

I hereby release and forever discharge the University and its trustees, officers, servants, agents and employees from any and all liability for any damages, losses or injuries which may be sustained or suffered by myself arising out of, during or in connection with the Red Storm Baseball Camps.

I hereby hold harmless the University and its trustees, officers, servants agents and employees from any and all liability, loss or damage they or any of them incur or sustain as a result of any claims, demands, judgments, costs or expenses, including attorneys' fees, which may result from, arise out of, or relate to the Red Storm Baseball Camps.

I further represent and warrant that my participation in the Red Storm Baseball Camps is covered by a policy of comprehensive health and accident insurance that provides coverage for injuries that I may sustain as part of my participation in the Red Storm Baseball Camps.

_____ _____

Date Signature of Participant

I, _____,

(A) am the parent or legal guardian of the above participant,

(B) have read the foregoing Acknowledgment, Waiver, Release and Indemnification Agreement (including such parts as may subject me to personal financial responsibility),

(C) am and will be legally responsible for the obligations and acts of the participant as described in this Acknowledgment, Waiver, Release and Indemnification Agreement, and

(D) agree, for myself and for the participant, to be bound by its terms.

_____

Signature of Parent/Guardian

_____

Date

HEALTH RECORD FOR CHILDREN IN DAY CAMPS, AFTERSCHOOL & YOUTH CENTERS

(This side to be filled out by parent before presentation to physician)

NAME OF PROGRAM_____

CHILDS LAST NAME _____ FIRST NAME _____ BIRTHDATE _____ SEX _____

Home Address: _____ Phone:_____

Parent or Guardian_____ Phone:_____

Place of Employment: Father (Guardian)_____ Phone:_____
Mother (Guardian)_____ Phone:_____

In case of an emergency, notify:_____ Phone:_____

If parent, Guardian are not available in an emergency, notify:
1- _____ Phone:_____
2- _____ Phone:_____

Important: Has this camper been exposed to any communicable disease during the three weeks prior to camp attendance:
Yes_____ No_____ (If yes, state type of exposure) _____

HEALTH HISTORY: (check, giving approximate dates)

	Allergies	**Diseases**
Ear Infection_____	Hay Fever_____	Chicken Pox_____
Rheumatic Fever_____	Ivy Poisoning, etc._____	Measles_____
Convulsion_____	Insect Stings_____	German Measles_
Diabetes_____	Penicillin_____	Mumps_____
Behavior_____	Other Drugs_____	Other Contagious Illness_____
Asthma_____		

Other Past Illnesses_____
Operations or Serious Injuries (Dates)_____
Chronic or Recurring Illness_____
Any specific activities to be encouraged_____
Conditions that require activity to be restricted?_____
Permission for all program activities unless otherwise noted by Dr._____
Appliance Worn (glasses, contacts, etc.)_____
Medication taken_____
Suggestion from Parent/Guardian_____

CONSENT FOR EMERGENCY MEDICAL TREATMENT

I do hereby give authority to the Day Camp and Year Round Afterschool and Youth Center Program Staff to obtain necessary emergency medical treatment for my child with the understanding that the family will be notified as soon as possible.

Relationship_____ Signature_____ Date_____ Phone_____

Department of Health

PHYSICAL EXAMINATION

(To be filled out by physician – please note information on reverse side)

The purpose of this health record is to provide the staff with pertinent information which will help to serve the needs of this child in Day Camps and Afterschool and Youth Center programs.

IMMUNIZATION HISTORY – This is a record of dates of basic immunization and most recent booster doses.

DpaP, DTP or TD Date_____ Date_____ Date_____ Date_____ Date_____
Polio Date_____ Date_____ Date_____ Date_____ Date_____
MMR Date_____ Date_____
Hemophilus Influenzae type b Date_____ Date_____ Date_____ Date_____
Hepatitis B Date_____ Date_____ Date_____
Varicella Date_____ Date_____
Other_____ Date_____ Date_____

MEDICAL EXAMINATION – to be filled out by licensed physician.

Examination is acceptable when performed no more than 12 months prior to arrival at camp.

Code: S = Satisfactory
X = Not Satisfactory (Explain)
O = Not Examined

General Appearance_____
Height_____ Weight_____ Blood Pressure_____ Hgb. Test (Date)_____
Urinalysis (Date) _____ Posture & Spine_____ Throat – Tonsils_____
Eyes_____ Vision_____ w/Glasses_____ Extremities_____ Heart_____
Ears_____ Hearing_____ Feet_____ Lungs_____ Skin_____
Nose_____ Teeth_____ Abdomen_____ Hernia_____
Genitalia_____
Neurological Findings_____
Describe Abnormal Findings and/or Handicapping Conditions_____
Has child ever received products containing horse serum?_____
Allergy: (*Please Specify*)_____
Recommendations and restrictions while in camp.
Special Diet_____
Special Medicine (name it)_____
Is parent/guardian sending special medicine?_____
Swimming_____ Diving_____
Activity Restrictions_____

General Appraisal:_____

I have examined the person here in described, reviewed his/her health history and it is my opinion that he/she is physically able to engage in Day Camp/Year Round Afterschool and Youth Center activities, except as noted above.

_____ M.D.
EXAMINING PHYSICIAN (SIGNATURE)

_____
PHYSICIAN'S NAME (PLEASE PRINT)

Telephone_____ Address_____

Date of Examination_____ _____
ZIP CODE

Download Camp Waiver Form

2014 Red Storm Summer Baseball Camp Week #1 • Ages: Ages 6-14

Locaton: Kaiser Stadium-Queens, NY
Monday, July 7, 2014 to Friday, July 11, 2014
Starts: 9:00am / Ends: 3:00pm

Camp Cost: $310.00

Camp Details

This is a teaching camp which focuses on all areas of the game (offense, defense, pitching, catching, basic throwing, fielding, baserunning, etc.). The purpose is to improve upon baseball skills and better understand how the game is played through controlled game situations, competition games, individual skill work and team fundamentals.

General Information

Interested in a group rate of 5 or more players? Please e-mail Ed Blankmeyer at blankmee@stjohns.edu or call 718 990 6148

Players receive:
-5 days of professional instruction
-Invaluable experience for future baseball success
-Opportunity to meet, learn & be evaluated by the SJU coaching staff

What to bring:
Glove, bat, T-shirt, spikes, baseball attire, sweatpants or baseball pants, hat.

Schedule:
Morning: 9 a.m.-11:30 a.m.
• Stretch: proper stretching for baseball
(Work in groups, which rotate from station to station).
• Basic throwing fundamentals
• Basic fielding fundamentals
• Baserunning
• Hitting fundamentals and drills
• Pitching drills and mechanics
• Position player skills

* Lunch 11:30 a.m.-Noon

Afternoon Noon-3 p.m.
•Controlled game situations
•Competitive game
•Team fundamentals

Download Camp Waiver Form

2014 Red Storm Summer Baseball Camp Week #2 • Ages: Ages 6-14

Locaton: Kaiser Stadium-Queens, NY
Monday, July 14, 2014 to Friday, July 18, 2014
Starts: 9:00am / Ends: 3:00pm

Camp Cost: $310.00

Camp Details

This is a teaching camp which focuses on all areas of the game (offense, defense, pitching, catching, basic throwing, fielding, baserunning, etc.). The purpose is to improve upon baseball skills and better understand how the game is played through controlled game situations, competition games, individual skill work and team fundamentals.

Interested in a group rate of 5 or more players? Please e-mail Ed Blankmeyer at blankmee@stjohns.edu or call 718 990 6148

General Information

Players receive:
-5 days of professional instruction
-Invaluable experience for future baseball success
-Opportunity to meet, learn & be evaluated by the SJU coaching staff

What to bring:
Glove, bat, T-shirt, spikes, baseball attire, sweatpants or baseball pants, hat.

Schedule:
Morning: 9 a.m.-11:30 a.m.
• Stretch: proper stretching for baseball
(Work in groups, which rotate from station to station).
• Basic throwing fundamentals
• Basic fielding fundamentals
• Baserunning
• Hitting fundamentals and drills
• Pitching drills and mechanics
• Position player skills

* Lunch 11:30 a.m.-Noon

Afternoon Noon-3 p.m.
•Controlled game situations
•Competitive game
•Team fundamentals

Players will be grouped by:
Little League
Junior League
(Based on Age and Level of Ability)

Reminder:
Waiver & Medical Release Form will be attached to your e-mail confirmation. It is also available in this camp listing.

Please print fill out, sign and deliver this form to the registration check in on the first day of camp. You will be unable to attend camp without this form.

Camp Check-in

Check-In: 8:40-8:55 a.m. daily.

Camp Waiver Information

Waiver & Medical Release Form will be attached to your e-mail confirmation. It is also available in this camp listing.

Please print fill out, sign and deliver this form to the registration check in on the first day of camp. You will be unable to attend camp without this form.

Download Camp Waiver

Directions to Camp

Camp will be conducted at:
Kaiser Stadium at St. John's University

From the East (LI): Northern State Parkway west, exit at 188th street. Turn left at light and make immediate right onto service road. Follow service road to Utopia Parkway (2nd light) and make right to campus on left OR Long Island Expressway west, exit at Utopia Parkway (Exit 25), left on Utopia Parkway take to Union Turnpike. Continue through Union Turnpike. Campus is on right. Entrance is on rt. Enter through Gate 1

From the West (Brooklyn): Belt Parkway (east) to Van Wyck Expressway (678N), exit on Main Street Union Turnpike. Proceed to third traffic light, make a right turn onto Grand Central Parkway service road to Utopia Parkway, make left on Utopia. Campus is on left. Entrance is on left. Enter through Gate 1 OR Jackie Robinson Parkway (east) to Grand Central Parkway (east), exit at Utopia Parkway and take a left at Utopia Parkway. Campus

Meals at Camp

Students should bring their own lunch, which can be refrigerated.

Camp Accommodations

This is day camp only. No overnight option available.

Airport Pick-up / Drop-off Information

Airport pick up is NOT available for this session.

Camp Merchandise

St John's University Baseball merchandise will be available to purchase while at camp.

Miscellaneous Camp Info

What if I have to cancel a camp?
We do not offer refunds on cancelled campers, just a future camp credit if you decide to cancel, but we do have what is called "Cancellation Protection".

We offer basic Cancellation Protection to allow participants some peace of mind in case plans change. This allows us to keep our prices low and provide the best service possible. Due at the time of registration, Cancellation Protection entitles you to a full refund of camp fees should you cancel your registration more than 14 days prior to the start of an overnight camp, and 7 days prior to the start of a day camp. If you cancel within 14 or 7 days of the start of your session, we will give you a camp credit for all money paid.

The credit is valid for three years from camp date at any of our camps. Credit with insurance is transferable to family members or friends, and good toward a future camp.

Athletic Trainer: There will be a trainer on duty at all times.

In case of inclement weather, contact the baseball office at 718-990-6148. The fax number is 718-990-1988.

Click here to print this page.

Download Camp Waiver Form