



**PLEASE BRING THIS COMPLETED
FORM TO CAMP REGISTRATION**

PERSONAL HEALTH AND MEDICAL RECORD

Please print and fill out the form completely. Parents/Guardian can fill out this form.
You will need to contact your physician for Medical History and Immunization Dates.

Last Name: _____ First Name: _____

DOB: ____ / ____ / ____ (mm/dd/yy): Age as of Camp: ____ Boy Girl

Street Address: _____

City/Town: _____ State: _____ Zip Code: _____

Home Phone: (____) ____ - ____ Work Phone: (____) ____ - ____

WHO TO NOTIFY IN AN EMERGENCY

1.) _____ Relationship: _____

Phone(s): (____) ____ - ____ (____) ____ - ____

2.) _____ Relationship: _____

Phone(s): (____) ____ - ____ (____) ____ - ____

CAMPER'S PHYSICIAN

Name: _____ Phone: (____) ____ - ____

Date of most recent exam: ____ / ____ / ____ (mm/dd/yy)

CAMPER'S EMERGENCY MEDICAL INFORMATION (Has/subject to (check & give details))

Heart Trouble Fainting Contact Lenses Convulsions
 Asthma Diabetes High Blood Pressure
 Allergy/Reaction to: Food Plant Animal Insect Toxin

EXPLAIN:

Do you have any current medical problems?

If YES, Explain:

Are you taking any medication?

YES

NO

If YES, Explain:

Has there been any surgery, injury, illness, allergy or change of health status since last examination?

YES

NO

If YES, Explain:

IS THERE PAST OR PRESENT HISTORY OF:

Serious Illness	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	Stomach, Bowels	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Serious Injury	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	Appendicitis	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Deformity	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	Kidneys	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Surgery	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	Urine Infection	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Skin, Glands	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	Bed Wetting	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Ears, Eyes	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	Menstrual Problems	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Nose, Sinus	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	Hernia	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Tonsils	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	Back, Limbs	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Teeth	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	Joints	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Dentures, Bridges	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	Sleep Walking	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Chest, Lungs	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	Behavioral Condition	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Heart Murmur	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	Rheumatic Fever	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO

***CAMPER'S IMMUNIZATION HISTORY**

PLEASE ATTACH A SIGNED OR STAMPED CURRENT COPY OF THE CAMPER'S IMMUNIZATION HISTORY. IT IS REQUIRED TO BE ON FILE WITH THIS COMPLETED FORM.

INSURANCE INFORMATION

NAME OF HEALTH INSURANCE CARRIER _____

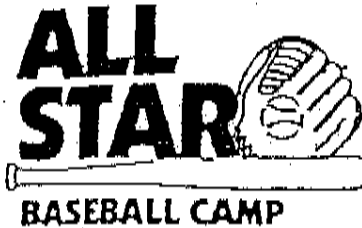
POLICY NUMBER _____

PARENT'S AUTHORIZATION

TO THE BEST OF MY KNOWLEDGE, THIS MEDICAL HISTORY IS
CORRECT AND COMPLETE. I KNOW OF NO REASON TO RESTRICT
APPLICANT'S ACTIVITY AND GIVE MY PERMISSION FOR PARTICI-
PATION IN ALL ACTIVITIES EXCEPT AS SPECIFICALLY NOTED
HEREIN.

SIGNATURE OF PARENT _____ DATE _____

PLEASE PRINT NAME _____



P.O. BOX 302
 MAHWAH, N.J. 07430
 800 828-7414
 www.allstarbaseballcamp.com
 allstarbaseballcamp@hotmail.com

REPORTING INSTRUCTIONS

Dear Camper and Family,

Welcome to our Camp. Thank you for your application and deposit. The following information should answer all the remaining questions about our Camp's reporting procedure. You have selected the finest Baseball Camp available anywhere and you can certainly look forward to an exciting and rewarding Camp experience that you'll remember forever!

THIS WILL CONFIRM YOUR CAMP SESSION(S): Sleepover _____ Day Camp (9am to 4pm) _____ Extended Day Camp (9am to 8pm) _____

CAMPER NAME: _____ SESSION(S) _____ DATE _____ THROUGH _____

TUITION	-	\$ _____
DEPOSIT RECEIVED	-	\$ _____
CREDIT	-	\$ _____
TUITION BALANCE	=	\$ _____
REQUIRED PURCHASE	+	\$ <u>60.00</u>
BALANCE DUE	=	\$ _____

NEW

TO PAY BY CREDIT CARD IN ADVANCE OF YOUR CAMP ARRIVAL, PLEASE CALL THE CAMP OFFICE.

**BALANCE DUE MUST BE PAID ON ARRIVAL BY CASHIER'S CHECK, CERTIFIED CHECK, MONEY ORDER OR CASH.
 ***** ABSOLUTELY NO PERSONAL CHECKS WILL BE ACCEPTED AT REGISTRATION. *******

CHECK-IN

Check-in time is from 12:30 p.m. to 2:30 p.m. on Sunday. The camp Registration Desk will be located in the Dormitory (look for directional signs). Parents are invited to stay for orientation which is from 3:30-4:30 p.m. Day Campers are to report to registration at 2:00 p.m. on Sunday and should be picked up around 8:00 p.m.

CHECK-OUT

Check out is on Saturday between 10:00 am and noon. Day Campers check out after the awards ceremony on Friday night. A Camper enrolled for more than one session will of course, remain on Campus between sessions and participate in our outstanding program of activities and trips.

TRANSPORTATION

Day camp transportation is available within a 10 miles radius at a nominal fee. Parents must make individual arrangements for transportation to and from Camp. For safety reason, all campers must remain on the Campus during their stay, unless accompanied by a member of our staff.

ROOM ASSIGNMENT/PERSONAL HEALTH AND MEDICAL RECORD

Room assignment and grouping of roommates will be determined a few days prior to check-in. If you wish to room with a relative and or a friend and have not yet notified us, please let us know at least one week before you arrive to avoid delays at check-in. Please make sure that you complete the Personal Health and Medical Record, which is enclosed with these reporting instructions and remember to bring it to registration. We cannot register you if you do not bring the form. PLEASE DO NOT MAIL THIS FORM TO US IN ADVANCE!

LINENS

All campers should bring 8 towels, 1 pillow, 1 pillow case, 1 summers blanket, one set of sheets size twin extra long.

CLOTHING

Bring clothes for wear in warm and cool weather. The following is a guide for a 2 week stay: 13 sets of underwear, 13 pairs of socks, 1 or 2 bathing suits, cleats, sneakers, laundry-bag, toilet-articles, light-pajamas, sweater-jacket, shorts, jeans, T-shirts, baseball uniforms, warm-up suits, sweat pants, baseball glove, athletic supporter. Each item of clothing must have a name tag. We can return items ONLY if the name tags are on them.

CAMP PURCHASE REQUIREMENTS

Each camper is required to purchase official Camp items: baseball shirt, sweats, T-shirt, baseball hat, sport bag, water bottle and 8x10 color photo of the camper taken with the MAJOR LEAGUE GUEST STAR. Except for the photo, all items are given out at registration. The charge is _____.

DIRECTIONS TO THE CAMP ON REVERSE SIDE PLEASE TURN PAGE

SPENDING MONEY

As a general guide, campers will need approximately \$50.00 per week for spending money.

The money must be deposited in the Camp Bank during check-in. For multiple week Campers there is a \$25.00 charge for the Saturday off-campus trip (Major League Baseball games ticket, lunch, bussing, etc.). For the single week Camper the charge will be \$ 75.00 per trip.

MAIL

If you are planning to send mail to a Camper during his stay at Camp, please address it as follows:

Name of Camper, c/o All Star Baseball Camp, Ramapo College 505 Ramapo Valley Rd. Mahwah N.J 07430

LAUNDRY

The Camp provides laundry service at \$10.00 per laundry bag, there are also coin operated washer and dryers in each dorm.

PICK-UP SERVICE

If you are arriving by plane in Newark Airport, please call us with your itinerary so we can pick you up for a round trip fee of \$ 40.00

AWARDS CEREMONY/PARTY & VISITING

The end of session awards ceremony/ party is for Campers ONLY. Security regulations require that we notify you that NO VISITORS are permitted at the camp at any time, except on Thursday night for parents night and on Sunday for campers who are staying for consecutive sessions.

Please call our camp office in the dormitory if you must be on campus for a specific reason and we will make the necessary arrangements for you to be able to visit.

HOW TO GET TO THE ALL STAR BASEBALL CAMP AT RAMAPO CAMPUS**BY PLANE**

The closest airport to the Campus is Newark airport. Pick up service at these airports is available for a fee of \$40.00

BY AUTOMOBILE

When you arrive at Ramapo College follow the signs to the All Star Camp.

FROM NEW YORK CITY:

Take the George Washington Bridge to Route 4 West to Route 17 North, to Route 202 South, continue for approximately one mile to light Campus entrance is on left.

USING NEW YORK STATE THRUWAY:

Take N.Y State Thruway (87) to Route 287 South (New Jersey) exit 15 Suffern onto 17 South turn right on Route 202 South, continue 1 mile to light, Campus entrance is on left.

FROM CONNECTICUT, WESTCHESTER AND ROCKLAND:

Follow I 95 to Route 287 West over Tappan Zee Bridge continue to exit 15 (Suffern) onto Route 17 South to 202 South, continue approximately one mile to light. Campus entrance is on left.

FROM THE EAST:

Follow Route 80 or Route 4 to Route 17 North. Exit at Route 202 South, continue 1 mile to light, Campus entrance is on left.

FROM THE WEST:

Follow Route 80 East to Route 287 North to Mahwah exit 66. Take Route 17 South to Route 202 South, continue approximately one mile to light. Campus in on left.

USING NEW JERSEY TURNPIKE:

Take N.J Turnpike (I 95 North) to end (exit 18W or 18E) Continue to Route 80 West to Route 17 North to Mahwah to exit sign to Suffern Morristown 202 South. Continue approximately 1 mile to light, Campus is on left.

FROM THE NORTH AND ORANGE COUNTY:

Follow Route 17 South to Route 202 South. Approximately one mile to light. Campus in on left.

HAVE A SAVE TRIP AND WE WILL BE WAITING TO WELCOME YOU.

***** VISIT US ON THE WEB AT

www.allstarbaseballcamp.com
