

Register online at www.bigtrain.org/summercamp

Camp Registration

Camper's Name	Nickname	Date of Birth (mm/dd/y)	of Birth (mm/dd/yy) Sex (m/f) Name of School			
Home Address	City			State	Zip	Home Phone
Primary Contact Name	- Email		Cell Phone		Home Phone	Work Phone
Secondary Contact Name	Email		Cell Phone		Home Phone	Work Phone
Emergency Contact Name	Emergency Phone #1	Family Physician				Physician Phone #
Allergy Information / Health Concerns		Insurance Provider				Group Number
 □ Big Train & BCC Baseball Summer Camp (Ages 5 circle week(s): 6/23-6/27; 6/30-7/3; 7/7-7/11; 7/14-7 □ Big Train Advanced Development Camp (Ages 9 circle week(s): 6/23-6/27; 7/7-7/11; 7/14-7/18 Add \$80 for p.m. Camp	7/18; 7/21-7/25 -12)	x = \$ x = \$			ase print legibly)	V-Code (3 digits on back of card)
 □ Washington Baseball Celebrity Camp - 6/16-6/20 (Ages 5-12)				Medical Consent Form: I verify that my child is in normal health and has my permission to participate in Big Train & BCC Baseball Summer Camps. I authorize camp staff to act for me in securing medical treatment for my child in the event of injury or sickness. A registration requires that a parent or guardian sign below to agree that in case of an accident involving their child while attending a Big Train		
■ Full Day = 7:15-9 a.m. AND 3-5:15 p.m		x = \$		Baseball a	seball Summer Camp, tr and staff from any and a of Parent or Guardian	ney release Bethesda Big Train, BCC all liability.
TOTAL DUE (if you register before April 15 th d	educt 10% from the total amou	ınt due) \$		Date Mail vo	our payment to	

REFUND POLICY

People who cancel their camp registration 30 days or more prior to the start of the camp are entitled to a full refund, minus a \$25 administrative fee. No refund will be given for cancellations less than 30 days before the start of the camp.

Bethesda Big Train 5420 Butler Road Bethesda, MD 20816