



BASEBALL AND SOFTBALL CAMPUS. REGISTRATION FORM 2024

Registration for the BASEBALL CAMPUS will be effective and accepted by completing the following steps: ORGANIZED BY: SBS Baseball Academy (SBS Sports Club) Fill in the Registration Form Fill in the Parental Authorization, signed, scanned and sent by email or ordinary mail along with the copy of the bank transfer

From June 30 to July 6, 2024	
<input type="checkbox"/> SBS Campus Enrollees	485 €
<input type="checkbox"/> External students	305 €
<input type="checkbox"/> Campus Students at CTDB	445 €

Payment method:

Bank Transfer	IBAN account number: ES21 3007 0002 5520 8371 6122 In concept Indicate name of player and Campus 2024
In cash	Make an appointment at the Academy premises. Telephone: 603 44 18 31
REGISTRATION WILL NOT BE EFFECTIVE WITHOUT PROOF OF PAYMENT	

Attach a scanned photocopy of the health card and Social Security booklet, as well as the ID card of the registered person

IMPORTANT: That all the data can be correctly visualized

Send all the documentation to hola@sbsbaseballacademy.com, or by ordinary mail to C/ Zoila, 29 bajo, 33209 Gijón

Note 1: External students will have the same conditions and activities as the rest of the students except accommodation, breakfast and dinner. Food if included.

Note 2: SBS Members are students who have participated in other SBS Baseball Academy activities. For example Pony League in Prague, Pony League in Stuttgart, etc.



<u>Personal data</u>	
NAME	
LAST NAME	
ID	
DATE OF BIRTH	
PLACE OF BIRTH	
ADDRESS	
POSTAL CODE	
CITY	
STATE	
PHONE	
CELL PHONE	
E-mail:	
<u>Family Data</u>	
FATHER'S NAME	
FATHERS ID	
MOTHER'S NAME	
MOTHERS ID	
CONTACT PHONE	
<u>Medical Data</u>	
Are you prone to diseases?: YES NO	
If yes, indicate which:	
IS IT ALLERGIC?: YES NO	
If yes, indicate to what:	
Is he/she under medical treatment?: YES NO	
If yes indicate which	
Have you had surgery recently?: YES NO	
If yes, indicate what::	
MEDICAL INSURANCE	
<u>Sport Data</u>	
School or Club to which it belongs	
Defense position	
BATS RIGHT LEFT SWITCH	
THROWS RIGHT LEFT SWITCH	
Since when YOU practice baseball/SOFTBALL	
HEIGHT (cm):	
TSHIRT SIZE XS S M L XL	



PANT SIZE	XS	S	M	L	XL
Parental Authorisation					
Father/mother/tutor's name: _____					
Identity Card/Passport: _____					
I give written authorization to the player:					
<p>The player to join the Campus or other activity of the entity, thus accepting the conditions and rules of admission. That the data in this form will be treated confidentially in a file of the Organization of the SBS SPORTS CLUB, its purpose being the formalization of the registration of the Campus or various activities of the entity, guardianship of the children and the sending of information related to its activities. To the total or partial recording (either in photo or video) of the participant's image during the duration of the Campus or other SBS activities in order to be able to be used on the Web, brochures,... Those registered to participate in the activities and in case of requiring medical assistance, may be transferred to a medical center by the Organization of the Campus or Academy.</p> <p>I extend this authorization to the surgical decisions that may be necessary to adopt, in case of extreme urgency, under the supervision of the medical team, expressly waiving any responsibility to the Baseball and Softball Federation of the Principality of Asturias, the SBS Baseball Academy or their monitors, for injuries that may originate in the practices that are carried out on the Campus or other activities carried out by Club Deportivo SBS, which I fully assume.</p> <p>By signing this document, I authorize the organization to record, edit and disseminate the images, both photo and video, that may be made of the student attending the SBS 2024 Campus for subsequent use in promotional material of the SBS Baseball Academy and without transferring these images to third parties for advertising purposes.</p>					
Signature: _____					
ID Card/Passport: _____					
Date: _____					
Observations:					