



PREPARED FOR 12U PARENTS ONLY

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Weekly Itinerary

Subject to change, please check our information boards daily upon your arrival

Saturday

- 10 a.m. - 1 p.m. Registration at the Courtyard next to the Gift Shop (head coaches only). Assistant coaches and players check in to Player Village Bunkhouse. Our staff will help you unload your vehicle in the Family Village. We will bring the teams and their luggage to the Player Village.
- 11 a.m. to 3 p.m. Medical check-in (by team), at the infirmary.
- 3:30 p.m. All parents and guests must leave the Player Village area.
- 1 p.m. - 3 p.m. Tours of Cooperstown All-Star Village on our hay wagons.
- 2 p.m. - 4:30 p.m. All-American Family Barbecue at the Fifty State Arena. (\$14 per meal for Adults and \$10 for children 12 and under and children 3 and younger are free.) Players, Coaches and Umpires eat free. **No other meals will be served on this day to the Players, Coaches, and Umpires.**
- 4:00 p.m. Mandatory head coaches meeting at the Player Dining Pavilion.
- 5 p.m. Players, coaches, and umpires must be in their bunkhouses to participate in the mandatory fire drill. Players will need to have their equipment ready to bring with them to the opening ceremonies at the conclusion of the fire drill.
- 5:15 p.m. Players, coaches, and umpires assemble in full uniform at the 50 States Tent with all equipment to line up for the Opening Ceremonies Parade of Teams and Skills Competition.
- 11 p.m. Lights out.

Sunday - Monday

- 6:00 - 9 a.m. Breakfast served for the players, coaches and umpires at the Player Dining Pavilion.
- 9:00 a.m. Game times will posted at the information booths throughout the village.
- 11 a.m. - 2:30 p.m. Lunch served for the players, coaches and umpires at the Player Dining Room.
- 4 p.m. - 7:30 p.m. Dinner served for the players, coaches and umpires at the Player Dining Room.
- 7 p.m. - 10:30 p.m. Free Time! Large arcade center, pin trading, games and more in the Fifty State Arena.
- 11 p.m. Lights out.

Tuesday

6:00 - 9 a.m.	Breakfast served for the players, coaches and umpires at the Player Dining Pavilion.
9:00 a.m.	Game times will posted at the information booths throughout the village.
11 a.m. - 2:30 p.m.	Lunch served for the players, coaches and umpires at the Player Dining Room.
4 p.m. - 7:30 p.m.	Dinner served for the players, coaches and umpires at the Player Dining Room.
7 p.m. - 10:30 p.m.	Free Time! Large arcade center, pin trading, games and more in the Fifty State Arena.
TBD	Mandatory Coaches Tournament Seating Meeting in Players Dining Pavilion.
11:00 pm	Lights out.

Wednesday

6:00 a.m. - 9 a.m.	Breakfast served for the players, coaches and umpires at the Player Dining Pavilion.
11 a.m. - 2:30 p.m.	Lunch served for the players, coaches and umpires at the Player Dining Room.
4 p.m. - 7:30 p.m.	Dinner served for the players, coaches and umpires at the Player Dining Room.
11:00 pm	Lights out.
10 a.m. - 6 p.m.	Ring sizing in Baseball Operations Office.

Thursday

7:00 a.m. - 9:30 a.m.	Breakfast served for the players, coaches and umpires at the Player Dining Pavilion.
11 p.m. - 2:30 p.m.	Lunch served for the players, coaches and umpires at the Player Dining Room.
4 p.m. - 6:30 p.m.	Dinner served for the players, coaches and umpires at the Player Dining Room.
7.30 p.m.	Coaches, players and umpires assemble, in full uniform (blues) at the Player Village for the closing ceremonies.
9:30 p.m.	Fireworks Display (Weather Permitting).
9:45 p.m.	CTC Championship game begins.
11:00 p.m.	Lights out.

Friday

10 a.m.	Checkout, No Meals Served
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Here is your Invitation to Play Teams from all over the World in the Birthplace of Baseball!

COOPERSTOWN ALL-STAR VILLAGE 2018 REGISTRATION FORM



1. Fill out your team information below: (Please print clearly)

Team Name: _____
 Team Manager or Head Coach: _____ Returning Team? ☐ Yes ☐ No
 Team Contact: _____ If yes, please enclose Grandfather Letter.
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Cell Phone Number: _____ Fax Number: _____
 Home/Office Phone Number: _____ E-Mail Address: _____

I have read all the requirements and will comply with all CASV policies. Signature: _____

2. Please Select 3 Play Sessions (We will notify you of which session you will have) as 1st, 2nd and 3rd choices:

- | | | |
|---|---|---|
| <input type="checkbox"/> June 2 nd thru June 8 th | <input type="checkbox"/> June 30 th thru July 6 th | <input type="checkbox"/> July 28 th thru August 3 rd |
| <input type="checkbox"/> June 9 th thru June 15 th | <input type="checkbox"/> July 7 th thru July 13 th | <input type="checkbox"/> August 4 th thru August 10 th |
| <input type="checkbox"/> June 16 th thru June 22 nd | <input type="checkbox"/> July 14 th thru July 20 th | <input type="checkbox"/> August 11 th thru August 17 th |
| <input type="checkbox"/> June 23 rd thru June 29 th | <input type="checkbox"/> July 21 st thru July 27 th | <input type="checkbox"/> August 18 th thru August 24 th |

3. Cooperstown All Star Village Package: All Inclusive (*Subject to change*) Each Team Receives: Ball Bucket and Scorebook

Cooperstown Team Package: Each player / coach receives the following: **\$995.00**

Three meals a day * Air Conditioned Bunkhouse * Ticket to the National Baseball Hall of Fame * Induction into **The Cooperstown Youth Baseball Hall of Fame** * **Hall of Fame Ring** * CASV Baseball Cap * Players Receive 2 Professional CASV Baseball Jerseys * 2 Pairs of Socks * CASV Warm up Jacket * Laundry Service (Sunday thru Wednesday) * Secondary Team Insurance * 7 Tournament Games (Depending upon Weather) Coaches Receive: 2 CASV Polo Shirts * CASV Scout Jacket * CASV Baseball Cap * Ticket to the National Baseball Hall of Fame * Meals & Accommodations * **Hall of Fame Ring** * Laundry Service (Sunday thru Wednesday)

Team Requirement of Minimum 11 Players and 2 Coaches.

Number of Players and Coaches: _____ X **\$995.00** Total \$ _____

One CASV approved umpire required per team (Stays free with team in bunkhouse)

(If you do not have a CASV Approved Umpire, please contact us)

No Umpire Fee: \$995.00 \$ _____

Bunkhouse Fee: (\$250 will be used as a cleaning fee and \$250 will be held for potential damage or excessive cleaning, and will be refunded after inspection and verified by director no damage has occurred) \$ **500.00**

Any coach must report and damage and/or a dirty room prior to checking in the bunk by notifying the main office in writing. If you don't check out with a director before you leave, you will forfeit the \$250 deposit.

Total Amount Due: \$ _____

To ensure your Session at the Cooperstown All Star Village, we require the following:

- ☐ With Registration Form...\$1000.00 (to hold your reservation) Confirmation will be emailed.
- ☐ November 1, 2017.....\$2000.00 2nd installment (confirms reservation) Confirmation will be emailed.
- ☐ March 1st, 2018.....Final Balance Due (guarantees reservation) Confirmation will be emailed.

Fee Schedule and Prices subject to change; All PAYMENTS ARE NONREFUNDABLE after December 1st, 2017

All Payments must be either CASHIERS CHECK, CERTIFIED CHECK or U.S MONEY ORDER ONLY!



Make Payable To:
Cooperstown All Star Village
P.O Box 670
Cooperstown, NY 13326
Fax: 607- 432-1076



Cooperstown All Star Village reserves the right at any time, to cancel a team's registration and refund all deposit(s). Additionally, failure to comply with CASV requirements, deadlines or policies may also cause cancellation of a team's registration or placement.



Cooperstown All Star Village is a world-class family baseball resort located just outside the birthplace of baseball, Cooperstown, New York. Our baseball summer camp offers tournaments on major league style baseball fields for kids 10U and 12U. Your team will play teams from across the country and around the world! We offer luxurious onsite accommodation for the whole family, plus a fitness center, swimming pools, Cooperstown gear store, and a variety of activities. So come and visit America's first and only kids' baseball tournament camp designed for the whole family!



Why COOPERSTOWN ALL STAR VILLAGE?

Cooperstown All Star Village is the ultimate baseball experience!

Bring the whole family for a week's stay at our world-class facility, and experience:

- Two boutique hotels for family members
- A heated 85 degree swimming pool
- Live game broadcasts
- Free Wi-Fi
- An arcade and game room
- A fitness center
- An 18 hole golf course
- A general store
- A coin-operated laundry
- The All Star Tavern with live broadcast tournament games
- An outdoor ballpark dining area

Our Players Village package features:

- Three nutritional meals a day
- A pool shaped like a baseball glove
- Laundry service
- Batting cages
- 24-hour medical building
- Free tickets to the National Baseball Hall of Fame
- Our coveted Cooperstown Youth Baseball Hall of Fame ring
- Air-conditioned bunkhouse with 50" Flat screen television
- Full-size beds for the coaches
- Separate accommodation for umpires

This is truly America's first and only baseball resort.

Phone: 1-800-327-6790 / 607-432-7483
Fax: 607-432-1076

info@cooperstownallstarvillage.com
cooperstownallstarvillage.com

Our Fields

The fields at Cooperstown All Star Village feature the kind of turf and lighting that you'll find in Major League stadiums.

All tournament games for the 10U and 12U age divisions are played on state-of-the-art built fields with major baseball league amenities. Every field is patterned like major league baseball fields complete with warning track, LED lighted score boards, stainless steel drinking fountains, spectator viewing areas with stage seating and professional sports field lighting. Just like the pros.

We have multiple fields, each with a slightly different character -- including one all turf field called Yankee Stadium and two that challenge players to beat the Green Monster. Souvenir "I Hit One Over the Green Monster" T-shirts are available for purchase in the gift shop.

All of our fields are equipped with web cams that broadcast the games live on the internet and back to our full service restaurant. Our professional broadcaster booth web casts the Cooperstown Tournament of Champions games in real time every Thursday.

It's a Cooperstown experience like no other!



Players' Accommodation



The players' bunkhouses at Cooperstown Player Village is just one of the things that make our facilities a true baseball resort.

Players bunk with their teams in fully air-conditioned bunkhouses. Each team bunkhouse room is equipped with a flat-screen television, access to vending machines and, right outside, an in-ground pool shaped like a catcher's mitt heated to a comfortable 85 degrees.

The Player Village is staffed around the clock for safety and security of players.

The bunkhouses are just part of the Players Village, once an expansive estate built in the 1930s around the same time as the National Baseball Hall of Fame, with breathtaking views in every direction.

We have also have on-site accommodations that feature all the amenities you would expect from a resort -- an arcade, swimming pool, full fitness center, coin-operated laundry room, and more.

Family Lodging

At Cooperstown All Star Village our on-site lodging features the luxury amenities you expect from a high-end resort, enhanced by the charm and historic character of restored 18th century buildings, plus a distinctively American flavor.

Formerly a showcase farm estate, we have preserved many of the original structures throughout our beautifully landscaped property.

While the coaches and players spend their time in our Players Village, which includes state-of-the-art bunkhouses, an arcade, glove-shaped swimming pool and other amenities, family members can relax in the All Star Tavern, take a dip in one of the heated pools, shop in the General Store, stroll around our extensive landscaped grounds, or get a workout in the full-size Fitness Center.

Our Dining

You'll never be stuck for something to eat at Cooperstown All Star Village!

At our famous All Star tavern we offer wings, burgers, wraps, sandwiches, hot dogs, a great choice of salads, bbq ribs and pulled pork, and ice cream desserts. The games are broadcast live on the tavern's big screen, so you need never miss a minute of the action!

At Overlook Park you can sit outside and enjoy the game while grabbing a slice of pie from our pizza parlor, open every afternoon until 11pm. Check out our famous slammin' sauce!

If you want to explore the area, there are plenty of other dining options nearby. Head further afield for your choice of chain restaurants or eclectic upstate eateries.

We also have vending machines outside the bunkhouses and pools, and a selection of snacks at our General Store.

Onsite:

Our family accommodation includes a range of rooms to suit every family, from a queen single, queen with bunkbeds, or king with jacuzzi tub, to a choice of suites that include a living room, outdoor deck, and full kitchen.

Come and join us at Cooperstown All Star Village baseball resort! Nestled in the beautiful, rolling hills on the outskirts of Cooperstown, NY, the birthplace of baseball.

Offsite:

We also offer offsite lodging at two nearby properties, just one exit (four miles) from Cooperstown All Star Village. Christopher's Lodge and Sabatini's Villa each offer well-sized, affordable rooms and you still have access to the All Star Village pool, fitness center, laundry, and our complimentary continental buffet!



Our Location

**We are located just outside
Cooperstown, the birthplace of
baseball!**

Our physical location:
**4158 State Highway 23
Oneonta, NY 13820**

From Binghamton

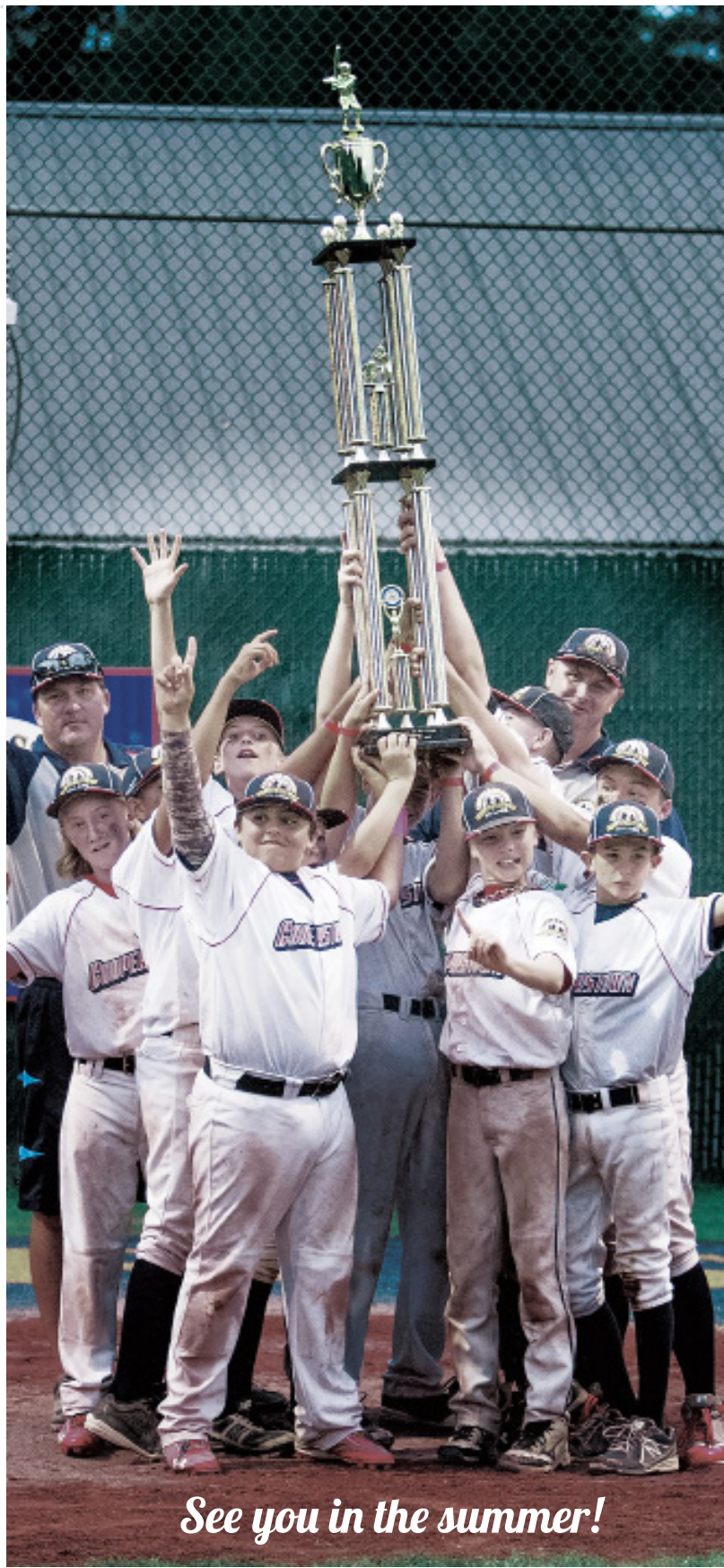
Head north on Interstate 88 to Exit 13. Turn left on Route 205 and head 1.4 miles to Route 23. Continue three-tenths of a mile on Route 23 to 4158 Route 23, on the left. Total distance: 60 miles.

From Albany

Head west on Interstate 90 to Exit 25A (tolls apply). Head south on Interstate 88 to Exit 13. Turn right and head 1.4 miles to Route 23. Continue three-tenths of a mile on Route 23 to 4158 Route 23, on the left. Total distance: 85 miles.

From Syracuse

Head south on Interstate 81 to 88. Take 88 east to exit 13 ramp off on the right and take a left at the top of the ramp. Stay straight on route 205 north for about 2 miles, we are on the left. Total distance: 123 miles, about 2 hours.



See you in the summer!

Phone: 1-800-327-6790 / 607-432-7483
Fax: 607-432-1076

info@cooperstownallstarvillage.com
cooperstownallstarvillage.com



Rawlings LEGENDS



Room Descriptions and Rates for the Family 2018

Queen Singles: One Queen Bed, in room coffee, private bath, cable TV, large armoire, 4 cubic ft. refrigerator, A/C and hair dryer **\$1400.00 Plus Tax.**

King Singles: One King Bed, in room coffee, private bath, cable TV, large armoire, 4 cubic ft. refrigerator, A/C and hair dryer **\$1400.00 Plus Tax.**

Deluxe Doubles: Two Double Beds, in room coffee, private bath, cable TV, large armoire, 4 cubic ft. refrigerator, A/C and hair dryer **\$1500.00 Plus Tax.**

Queen Doubles: Two Queen Beds, in room coffee, private bath, cable TV, large armoire, 4 cubic ft. refrigerator, A/C and hair dryer **\$1800.00 Plus Tax**

Queen and Bunks: One Queen Bed and set of Bunk Beds, in room coffee, private bath, cable TV, large armoire, 4 cubic ft. refrigerator, A/C and hair dryer **\$1800.00 Plus Tax**

Queen doubles w/ Bunks: Two Queen Beds and three Bunk Beds, in room coffee, private bath, cable TV, large armoire, 4 cubic ft. refrigerator, A/C and hair dryer **\$2000.00 Plus Tax**

Babe Ruth Suite: One King Bed, in room coffee, large private bathroom with stand up shower and Jacuzzi tub, cable TV, large armoire, 4 cubic ft. refrigerator, A/C and hair dryer **\$1500.00 Plus Tax**

We also have two fully handicap accessible rooms, each has two Queen Size beds. (Rooms 23 and 24).

Suites are listed below

Hall of Fame Suite

The Hall of Fame Suite is our largest room at Cooperstown All Star Village. It has two bedrooms. The first has one double bed, and a spiral staircase leading up to a loft that has a second double bed. This room has its own bathroom, large armoire, as well as a beautiful mirrored wall. The master bedroom has a king sized bed, three dressers, large closet, and its own bathroom. This suite has a full kitchen with plenty of cabinet space, a large living area with a 45 inch television, a small deck out front, and also a deck out back looking over the golf course **\$2800.00 Plus Tax**

Ball Park Suite

This suite has two separate bedrooms, one with a king sized bed, and one with a double bed. It has a full kitchen, bar area, bathroom, large living room, and a small private deck overlooking the golf course **\$2500.00 Plus Tax**

Fifty State Cottage

This suite has one bedroom with two full sized beds, whirlpool bath/shower, living room, full kitchen, and a small private deck overlooking the Fifty State Flag Arena. This suite is a separate building **\$2300.00 Plus Tax.**

We are also booking reservations at a local hotels which are only a couple of miles drive away. You can get a Deluxe Double room at Sabatini's Italian Villa for a weekly rate of \$840.00 plus tax. Note; staying at either of these places allows access to CASV pool, fitness center and Coin-operated laundry room. Just show your room key!

Cooperstown All Star Village

Room Agreement

Date of Arrival: _____ (Saturday)

Date of Departure: _____ (Friday)

Number of Rooms: _____

Type of Room: _____

Weekly Rate for Room: \$ _____

Tax Amount (12%): \$ _____ (Sales Tax 8% & Bed Tax 4%)

Total Amount Due: \$ _____

Deposit: \$ _____ 50% Non Refundable Amount Due

Balance Due: \$ _____

Cooperstown All Star Village Policy:

I understand that I take full responsibility for the above room(s). All Rooms are GUARANTEED at time reservation is processed. Once the 50% non refundable deposit is processed, the room(s) becomes guaranteed and any cancellation on the customer's part will result in the deposit being forfeited and a full room charge will be applied to the cardholder's card. Our weekly rate includes: a four cubic foot refrigerator, hair dryer, coffee maker, cable television and air conditioning. Housekeeping services includes daily towels and daily garbage removal only. Check in is from 10am to 2pm on Saturday's. Please note Wi-Fi is not available in rooms but is available in Tavern. Please send completed form to hotel@cooperstownallstarvillage.com or you can fax it to 607-432-1076.

We accept: Visa, MasterCard and American Express.

Card Number: _____

Expiration Date: _____ / _____ (MM/YY) Security Code #: _____

I would like to pay 50% of the total weekly stay: \$ _____

Signature: _____ Date: _____

(I agree to the Cooperstown All Star Village Policy and please charge my credit card 50 % based on this agreement.)

Name: _____

Address: _____ City: _____ State: _____

Zip Code: _____ Telephone#: _____

Email: _____ Fax#: _____

Team Name: _____

Note: This room agreement does not guarantee you a room. Once your 50% deposit has been processed and you have a confirmation letter, your room is guaranteed. Please fax this agreement back to (607) 432-1076. Taxes are subject to change. No pets allowed. All Rooms are Smoke Free. A \$250 Charge will be assessed to your card if you smoke in room.

Christopher's Lodge

Room Agreement

Date of Arrival: _____

Date of Departure: _____

Number of Rooms: _____

Weekly Rate for Room: \$840.00 + tax (Saturday – Friday) \$ _____

Weekly Rate for Room: \$980.00 + tax (Friday – Friday) \$ _____

Tax Amount (12%): \$ _____ (Sales Tax 8% & Bed Tax 4%)

Total Amount Due: \$ _____

Deposit: \$ _____ 50% Non Refundable Amount Due

Balance Due: \$ _____

Christopher's Lodge Policy:

I understand that I take full responsibility for the above room(s). All Rooms are GUARANTEED at time reservation is processed. Once the 50% non refundable deposit is processed, the room(s) becomes guaranteed and any cancellation on the customer's part will result in the deposit being forfeited and a full room charge will be applied to the cardholder's card. Our weekly rate includes: a four cubic foot refrigerator, hair dryer, coffee maker, cable television and air conditioning. Housekeeping services daily. Check in is after 3pm.

1-800-327-6790 / Ext #338

We accept: Visa, MasterCard and American Express.

Card Number: _____

Expiration Date: _____ / _____ (MM/YY) Security Code #: _____

I would like to pay 50% of the total weekly stay: \$ _____

Signature: _____ Date: _____

(I agree to the Christophers Lodge Policy and please charge my credit card 50 % based on this agreement.)

Name: _____

Address: _____ City: _____ State: _____

Zip Code: _____ Telephone#: _____

Email: _____ Fax#: _____

Team Name: _____

Note: This room agreement does not guarantee you a room. Once your 50% deposit has been processed and you have a confirmation letter, your room is guaranteed. Please fax this agreement back to (607) 432-1076. Taxes are subject to change. No pets allowed. All Rooms are Smoke Free. A \$250 Charge will be assessed to your card if you smoke in room.

Christopher's Annex

Room Agreement

Date of Arrival: _____

Date of Departure: _____

Number of Rooms: _____

Weekly Rate for Room: \$840.00 + tax (Saturday – Friday) \$ _____

Weekly Rate for Room: \$980.00 + tax (Friday – Friday) \$ _____

Tax Amount (12%): \$ _____ (Sales Tax 8% & Bed Tax 4%)

Total Amount Due: \$ _____

Deposit: \$ _____ 50% Non Refundable Amount Due

Balance Due: \$ _____

Christopher's Annex Policy:

I understand that I take full responsibility for the above room(s). All Rooms are GUARANTEED at time reservation is processed. Once the 50% non refundable deposit is processed, the room(s) becomes guaranteed and any cancellation on the customer's part will result in the deposit being forfeited and a full room charge will be applied to the cardholder's card. Our weekly rate includes: a four cubic foot refrigerator, hair dryer, coffee maker, cable television and air conditioning. Housekeeping services daily. Check in is after 3 pm.

1-800-327-6790 / Ext #338

We accept: Visa, MasterCard and American Express.

Card Number: _____

Expiration Date: _____ / _____ (MM/YY) Security Code #: _____

I would like to pay 50% of the total weekly stay: \$ _____

Signature: _____ Date: _____

(I agree to the Sabatini's Villa Policy and please charge my credit card 50 % based on this agreement.)

Name: _____

Address: _____ City: _____ State: _____

Zip Code: _____ Telephone#: _____

Email: _____ Fax#: _____

Team Name: _____

Note: This room agreement does not guarantee you a room. Once your 50% deposit has been processed and you have a confirmation letter, your room is guaranteed. Please fax this agreement back to (607) 432-1076. Taxes are subject to change. No pets allowed. All Rooms are Smoke Free. A \$250 Charge will be assessed to your card if you smoke in room.



COOPERSTOWN ALL STAR VILLAGE MEDICATION SHEET



Form Must Be Completed and Mailed with Final Payment. To:

Cooperstown All Star Village

PO Box 670

Cooperstown, NY 13326

INDIVIDUAL ORDERS FOR:

Name: _____ DOB: _____ Weight: _____

Team Name: _____ Coach: _____

Standard Over the Counter/PRN Medications (The following medications are available in the Infirmary and will be administered at the discretion of an RN or LPN if approval is indicated by the camper's healthcare provider.)

Any other over the counter medications the child routinely takes and will be bringing with them must be added to this list.

DRUG NAME	ROUTE PLEASE CIRCLE PREFERRED FORMULATION	DOSAGE	SCHEDULE AND INDICATIONS	CAMPER HEALTHCARE PROVIDER ORDER	COMMENTS
Ibuprofen	Oral	200 mg		YES NO	
Acetaminophen	Oral	325 mg		YES NO	
Acetaminophen	Chewable	160 mg		YES NO	
				YES NO	
				YES NO	
				YES NO	
				YES NO	
				YES NO	

Prescription Medications (Must complete with patient's current regimen for both scheduled and PRN medications use 2nd page if needed)

DRUG	ROUTE	DOSAGE	SCHEDULE & INDICATIONS	COMMENTS

Camper's Health Care Provider (MD, NP, PA) Name: _____ Phone: _____

Address: _____ License# _____

Signature: _____ Date: _____



Cooperstown All Star Village Baseball Camp Health Examination Form

Form Must Be Completed and Mailed with Final Payment. To:

Cooperstown All Star Village
PO Box 670
Cooperstown, NY 13326



This side to be completed by parent

Name : _____ Birth Date _____ Sex ____ Age ____

Last

First

Initial

Team Name: _____ Coach: _____

Parent/Guardian (or Spouse) _____ Phone (H) _____

(W) _____

Home Address _____

Street & Number

City

State

ZIP

If not available in an emergency notify:

Phone _____

Emergency Contact 1 Name

Area/ Number

Street & Number

City

State

ZIP

Phone _____

Emergency Contact 2 Name

Area/ Number

Street & Number

City

State

ZIP

Personal History : (check the condition you have had)

- | | | | |
|---|--|---------------------------------------|---|
| <input type="checkbox"/> Alcohol Dependency | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Jaundice | <input type="checkbox"/> Psychiatric |
| <input type="checkbox"/> Allergy | <input type="checkbox"/> Drug Dependency | <input type="checkbox"/> Measles | <input type="checkbox"/> Psychological/Counseling |
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Eczema | <input type="checkbox"/> Mumps | <input type="checkbox"/> Rheumatic Fever |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Nephritis | <input type="checkbox"/> Scarlet Fever |
| <input type="checkbox"/> Bronchitis | <input type="checkbox"/> German Measles | <input type="checkbox"/> Otitis Media | <input type="checkbox"/> Tonsillitis |
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Pneumonia | <input type="checkbox"/> Haemophilus Influenza Type B |
| <input type="checkbox"/> Hepatitis Type B | | | |

Operations, Injuries and Hospitalizations (with dates)

Present Medications or Treatments

Please List All Allergies, Including Allergies to Medications

Important: Please notify the camp if this camper is exposed to any communicable disease during the three weeks prior to camp attendance.

PERSONAL HEALTH INSURANCE CO.

ADDRESS _____ ID# _____

***PARENT AUTHORIZATION:** This health history is correct so far as I know, and the person herein described has my permission to engage in all prescribed camp activities, except as noted by me and the examining physician. In the event I cannot be reached in an EMERGENCY I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child as named above.

PARENT SIGNATURE: _____ DATE: _____

PATIENT NAME: _____
LAST FIRST DOB

REQUIRED FOR REGISTRATION, IMMUNIZATIONS MUST PRECEDE REGISTRATION ELIGIBILITY

TETANUS DIPHTHERIA TOXOID (minimum 2 doses, booster within 10 yrs).....DATE _____

POLIO VACCINE (complete series of Oral/ Salk).....DATE _____

MUMPS VACCINE (after 1st birthday).....DATE _____

MEASLES VACCINE (after 1st birthday) (2 doses mandatory).....1st _____ 2nd _____

RUBELLA VACCINE (after 1st birthday).....DATE _____

OR MMR (Mumps, Measles, Rubella) (after 1st birthday).....1st _____ 2nd _____

OR: MUMPS TITER (valid only if lab report included).....RESULT _____ DATE _____

MEASLES TITER (valid only if lab report included).....RESULT _____ DATE _____

RUBELLA TITER (valid only if lab report included).....RESULT _____ DATE _____

MEDICAL EXAMINATION- To be filled out by licensed physician, physician's assistant, or nurse practitioner.

This examination should be performed within 12 months of arrival at camp. Examination for some other purpose within this period is acceptable. Examination is for determining fitness to engage in strenuous activities.

CODE: ☐ Satisfactory ☐ Not Satisfactory (explain) ☐ Not Examined

HTG. _____ **WT.** _____ **B.P.** _____

Eyes _____ Teeth _____ Posture (spine) _____

Glasses _____ Heart _____ Skin _____

Ears _____ Abdomen _____ Allergy _____

Nose _____ Hernia _____ Lungs _____

Throat _____ Extremities _____

Recommendations and restrictions while in camp:

Special Diet _____

Special Medication (identify) _____

Dispensing protocol _____

Can this camper participate in unrestricted recreational activity? _____

If no, explain: _____

Other: _____

I have examined the person herein described and have reviewed his/her health history. It is my opinion that he/she is physically able to engage in camp activities, except as noted above.

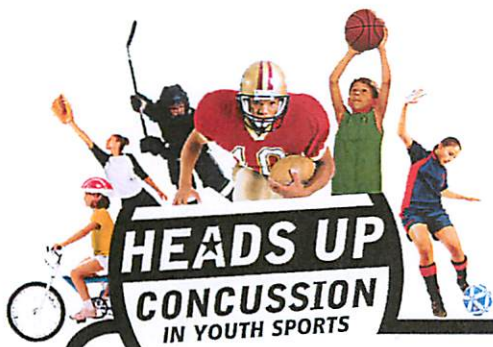
Telephone

Examining Physician/Physician's Asst.
Nurse Practitioner

Date

Address





A Fact Sheet for PARENTS

WHAT IS A CONCUSSION?

A concussion is a type of traumatic brain injury. Concussions are caused by a bump or blow to the head. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious.

You can’t see a concussion. Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If your child reports any symptoms of concussion, or if you notice the symptoms yourself, seek medical attention right away.

WHAT ARE THE SIGNS AND SYMPTOMS OF A CONCUSSION?

Signs Observed by Parents or Guardians

If your child has experienced a bump or blow to the head during a game or practice, look for any of the following signs and symptoms of a concussion:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes

Symptoms Reported by Athlete

- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Just “not feeling right” or “feeling down”

HOW CAN YOU HELP YOUR CHILD PREVENT A CONCUSSION OR OTHER SERIOUS BRAIN INJURY?

- Ensure that they follow their coach’s rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.
- Make sure they wear the right protective equipment for their activity. Protective equipment should fit properly and be well maintained.
- Wearing a helmet is a must to reduce the risk of a serious brain injury or skull fracture.
 - However, helmets are not designed to prevent concussions. There is no “concussion-proof” helmet. So, even with a helmet, it is important for kids and teens to avoid hits to the head.

WHAT SHOULD YOU DO IF YOU THINK YOUR CHILD HAS A CONCUSSION?

1. SEEK MEDICAL ATTENTION RIGHT AWAY.

A health care professional will be able to decide how serious the concussion is and when it is safe for your child to return to regular activities, including sports.

2. KEEP YOUR CHILD OUT OF PLAY.

Concussions take time to heal. Don’t let your child return to play the day of the injury and until a health care professional says it’s OK. Children who return to play too soon—while the brain is still healing—risk a greater chance of having a repeat concussion. Repeat or later concussions can be very serious. They can cause permanent brain damage, affecting your child for a lifetime.

3. TELL YOUR CHILD’S COACH ABOUT ANY PREVIOUS CONCUSSION.

Coaches should know if your child had a previous concussion. Your child’s coach may not know about a concussion your child received in another sport or activity unless you tell the coach.

It’s better to miss one game than the whole season.

For more information, visit www.cdc.gov/Concussion.



Hoja Informativa para los PADRES

¿QUÉ ES LA CONMOCIÓN CEREBRAL?

Una conmoción cerebral es una lesión en el cerebro, causada por un golpe en la cabeza o una sacudida. Incluso una pequeña conmoción o lo que parece ser un golpe o sacudida leve puede ser serio.

La conmoción cerebral no puede verse. Los signos y síntomas de una conmoción pueden aparecer inmediatamente después de la lesión o puede que no aparezcan, o se hagan visibles algunos días o meses después de haber sufrido la lesión. Si su hijo tiene los signos de una conmoción cerebral o si usted nota algún síntoma, busque atención médica de inmediato.

¿CUÁLES SON LOS SIGNOS Y SÍNTOMAS DE LA CONMOCIÓN CEREBRAL?

Signos que notan los padres y los tutores

Si su hijo ha sufrido un golpe en la cabeza o una sacudida durante un juego o una práctica, obsérvelo para determinar si tiene alguno de los siguientes signos y síntomas de una conmoción cerebral:

- Luce aturdido o fuera de control
- Se confunde con la actividad asignada
- Olvida las jugadas
- No se muestra seguro del juego, la puntuación ni de sus adversarios
- Se mueve con torpeza
- Responde con lentitud
- Pierde el conocimiento (así sea momentáneamente)
- Muestra cambios de conducta o de personalidad
- No puede recordar lo ocurrido antes de un lanzamiento o un caída
- No puede recordar lo ocurrido después de un lanzamiento o un caída

Síntomas que reporta el atleta

- Dolor o "presión" en la cabeza
- Náuseas o vómitos
- Problemas de equilibrio, mareo
- Visión doble o borrosa
- Sensibilidad a la luz y al ruido
- Se siente débil, confuso, aturdido o grogui
- Problemas de concentración o memoria
- Confusión
- No se "siente bien"

¿CÓMO AYUDAR A SU HIJO A PREVENIR UNA CONMOCIÓN CEREBRAL?

Aunque todo deporte es diferente, hay medidas que puede tomar para protegerse.

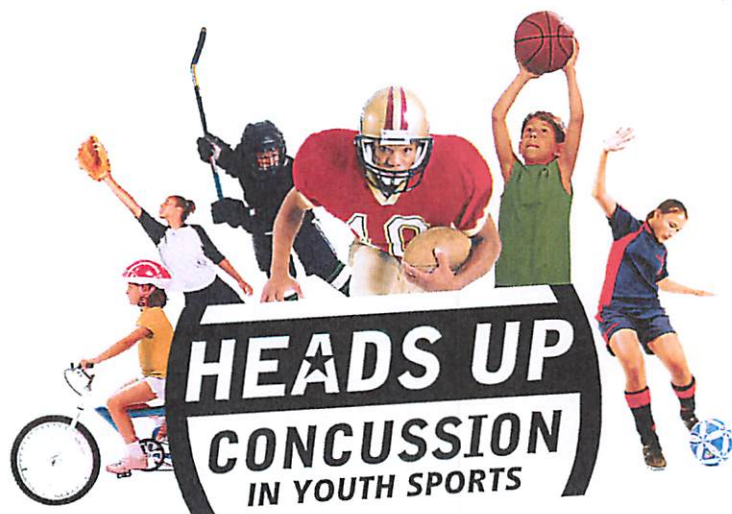
- Haga que siga las reglas impartidas por el entrenador y las reglas del deporte que practica.
- Invítelo a mantener el espíritu deportivo en todo momento.
- Haga que su hijo use el equipo protector adecuado según la actividad que realiza. El equipo de protección debe ajustarse bien, debe hacerse el mantenimiento adecuado, y el jugador debe usarlo correctamente y en todo momento.

¿QUÉ DEBE HACER SI CREE QUE SU HIJO HA SUFRIDO UNA CONMOCIÓN CEREBRAL?

1. **Busque atención médica de inmediato.** Un profesional de la salud podrá determinar la seriedad de la conmoción cerebral que ha sufrido el niño y cuándo podrá regresar al juego sin riesgo alguno.
2. **No permita que su hijo siga jugando.** Las conmociones cerebrales necesitan de un cierto tiempo para curarse. No permita que su hijo regrese al juego hasta que un profesional de la salud le haya dicho que puede hacerlo. Los niños que regresan al juego antes de lo debido—mientras el cerebro está en proceso de curación—corren un mayor riesgo de sufrir otra conmoción. Las conmociones cerebrales siguientes pueden ser muy serias. Pueden causar daño cerebral permanente que afectarán al niño de por vida.
3. **Informe al entrenador del niño sobre cualquier conmoción cerebral que el niño haya sufrido recientemente.** Los entrenadores deben saber si el niño ha sufrido una conmoción recientemente en CUALQUIER deporte. El entrenador no necesariamente sabrá si el niño ha tenido una conmoción en otro deporte o actividad a menos que usted se lo diga.

Es preferible perderse un juego que toda la temporada.

Para obtener más información, visite www.cdc.gov/ConcussionInYouthSports.



SIGNS AND SYMPTOMS

These signs and symptoms may indicate that a concussion has occurred.

SIGNS OBSERVED BY COACHING STAFF

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets sports plays
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows behavior or personality changes
- Can't recall events prior to hit or fall
- Can't recall events after hit or fall

SYMPTOMS REPORTED BY ATHLETE

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Does not "feel right"

ACTION PLAN

If you suspect that a player has a concussion, you should take the following steps:

1. Remove athlete from play.
2. Ensure athlete is evaluated by an appropriate health care professional. Do not try to judge the seriousness of the injury yourself.
3. Inform athlete's parents or guardians about the known or possible concussion and give them the fact sheet on concussion.
4. Allow athlete to return to play **only** with permission from an appropriate health care professional.

It's better to miss one game than the whole season.

For more information and to order additional materials **free-of-charge**, visit:
www.cdc.gov/ConcussionInYouthSports



Cooperstown All Star Village

Adult & Minor

WAIVER AND RELEASE OF LIABILITY

PLEASE READ BEFORE SIGNING



DISCLAIMER: COOPERSTOWN ALL STAR VILLAGE AND AFFILIATED COMPANIES ARE NOT RESPONSIBLE FOR ANY INJURY (OR LOSS OF PROPERTY) TO ANY PERSON SUFFERED WHILE PLAYING, PRACTICING OR IN ANY OTHER WAY INVOLVED IN COOPERSTOWN ALL STAR VILLAGE ACTIVITIES FOR ANY REASON WHATSOEVER, INCLUDING ORDINARY NEGLIGENCE ON THE PART OF THE COOPERSTOWN ALLSTAR VILLAGE OR ITS AGENTS, EMPLOYEES, SPONSORS, VOLUNTEERS, THE OWNERS AND LESSORS OF THE PREMISES AND ALL OTHERS WHO ARE INVOLVED.

In consideration of being allowed to participate in any way in the Cooperstown All Star Village sports program(s), related events and activities, the undersigned acknowledges, appreciates, and agrees that:

- 1) The risk of injury from the activities involved in this program is significant, including the potential for permanent disability, paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
- 2) FOR MYSELF, SPOUSE OR CHILD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my or my child's participation; and,
- 3) I willingly agree to comply with the stated and customary terms and conditions for participation. If I observe any unusual significant concern or hazard during my presence, participation and/or child's readiness for participation and/or the program itself, I will remove myself or child from participation and bring such to the attention of the nearest official immediately; and,
- 4) I give Cooperstown All Star Village or its designee the irrevocable right to take and use my name, picture, likeness, photograph, film, videotape, and/or verbal statement in all forms and media and in all manners for any advertising, promotional, Internet (Web Site) and/or publicity purposes of Cooperstown All Star Village. I waive any rights I may have in connection with any use of the material, including any right to inspect or approve the finished use, including any written copy that may be created in connection with such use.
- 5) I, for myself, my spouse, my child, and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS COOPERSTOWN ALL STAR VILLAGE their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property incident to my or my child's involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law,
- 6) I understand that this waiver is intended to be as broad and inclusive as permitted by the laws of New York and agree that if any portion is held invalid the remainder of the waiver will continue in full legal force and effect. I further agree that the venue for any legal proceeding shall be in the state of New York.



I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Sign below if you are an Adult Participant, Coach or Umpire:

X _____ Date: _____
(Participant's Signature)

Team: _____

**SIGN BELOW FOR PARENT/GUARDIAN OF PARTICIPANTS OF
MINORITY AGE**
(UNDER AGE 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE.

X _____ **Print:** _____
(Parent/Guardian Signature) (Print Name of Parent/Guardian)

Team: _____

DATE SIGNED: _____ **Emergency Phone Number:** _____

Sign below if you are the PARTICIPANT:

I understand the seriousness of the risks involved in participating in this program, my personal responsibilities for adhering to rules and regulation, and accept them as a participant.

X _____
(PARTICIPANT SIGNATURE) (PRINT NAME)

Team: _____



Cooperstown All Star Village

Parental Authorization and Consent Form



I _____ am the

(Please print name)

(Mother/father/legal guardian) of _____(name of child)

who is enrolled as a camper at Cooperstown All Star Village during the week of

_____ (date) on the authorization and entrust the individuals listed

below to act in my place, to make the necessary decision and act in my place, to exercise

full parental rights and authority (including medical care AUTHORIZATION) AND

CONTROL OVER CHILD WHILE AT THE Cooperstown All Star Village.

List the coaches from your team roster and nay other persons who you authorize to act on

your behalf to execute parental authority and control over your participant (player) while

at the Cooperstown All Star Village: (please print names of coaches)

Team Name: _____

1. _____

4. _____

2. _____

5. _____

3. _____

6. _____

Date: _____

(Parent/Guardian Signature)



Cooperstown All Star Village

Players Check List



Baseball Equipment:

- | | |
|--|--|
| <input type="checkbox"/> Bats (can't exceed 2 ¾ inch diameter) | <input type="checkbox"/> 2 pair White Baseball Pants |
| <input type="checkbox"/> Baseball Gloves | <input type="checkbox"/> Helmet with ear flaps |
| <input type="checkbox"/> Rubber Cleats – no metal spikes | <input type="checkbox"/> Catchers Gear |
| <input type="checkbox"/> Batting Gloves | |

*Items CASV provides: Home Jersey, Away Jersey, Warm-up Jacket,
Two pairs of socks, Hat.*

Clothes:

- | | |
|-------------------------------------|--|
| <input type="checkbox"/> Underwear | <input type="checkbox"/> Sox's |
| <input type="checkbox"/> T-shirts | <input type="checkbox"/> Pants/ Jeans |
| <input type="checkbox"/> Shorts | <input type="checkbox"/> Swimming Trunks |
| <input type="checkbox"/> Sweatshirt | <input type="checkbox"/> Shower Sandals |

Bedding:

- ☐ Sleeping Bag and/or Set of Sheets
- ☐ Pillow

Personal Items:

- | | |
|-------------------------------------|--|
| <input type="checkbox"/> Toothpaste | <input type="checkbox"/> Hair comb and/or Brush |
| <input type="checkbox"/> Deodorant | <input type="checkbox"/> Sunscreen |
| <input type="checkbox"/> Soap | <input type="checkbox"/> Towels – Showering and Swimming |
| <input type="checkbox"/> Shampoo | <input type="checkbox"/> Phone Charger |
| <input type="checkbox"/> Toothbrush | |

Quick Tips:

- 1) Send OLD stuff, no need to buy new.
 - 2) Label EVERYTHING!
 - 3) Pack Light, Overnight Laundry Service Available (see website).
- * Players and Coaches are responsible for their own items at all time.
 - * Cooperstown All Star Village is not responsible for any lost or stolen items.
 - * Department of Health forbids bringing food or beverages into Village.

POOL RULES

**OPEN SUNDAY THRU THURSDAY 10 A.M.
TILL 8 P.M.**

Children less than 16 years of age must be accompanied at all times by a parent, guardian or similar adult responsible for their safety and behavior while at the bathing facility. An adult must be present on the pool deck area any time pool is in use.

**NO DIVING – NO HORSEPLAY – NO
RUNNING**

**NO ALCOHOL CONSUMPTION IN POOL
AREA**

**IN CASE OF EMERGENCY DIAL 911, FREE
TELEPHONE LOCATED IN THE POOL DECK
AREA, MAIN OFFICE AND ALL HOTEL
ROOMS.**

**CPR TRAINED STAFF ON THE GROUNDS
IN PLAYER VILLAGE**

NEVER SWIM ALONE

POOL RULES

OPEN SUNDAY THRU THURSDAY 10 A.M. TILL 8 P.M.

Two or more "COACHES" of at least 18 years of age or older, must be present at the poolside when the facility is in use, with at least one adult on the pool deck at all times.

Children less than 16 years of age must be accompanied by a COACH (COUNSELOR), guardian or similar adult responsible for their safety and behavior while at the bathing facility.

NO DIVING – NO HORSEPLAY – NO RUNNING

NO ALCOHOL CONSUMPTION IN PLAYER VILLAGE

**IN CASE OF EMERGENCY GO DIRECTLY TO THE MEDICAL BUILDING
LOCATED BETWEEN THE TWO BATH HOUSES**

**FREE TELEPHONE LOCATED NEARBY IN THE MEDICAL BUILDING
LOCATED BETWEEN THE TWO BATH HOUSES, DIAL 911 FOR EMERGENCY
SERVICES**

**CPR TRAINED STAFF LOCATED NEARBY IN THE MEDICAL
BUILDING**

NEVER SWIM ALONE

**I have read and understood the above, I understand my responsibility to insure
the safety and behavior of the child/children in my care.**

NAME

TEAM NAME

DATE


SIGNATURE



Dear Business Owner,

This **21st of July to the 27th**, kids ages 10-12 from our travel baseball teams, will be taking a once-in-a-lifetime trip to Cooperstown New York to compete in a baseball tournament with teams from around the world.

Cooperstown All Star Village is America's first and only Baseball Resort, a World Class Facility and Tournament Camp where players **ONLY** under the age of 12, compete in a week-long tournament. They will provide our kids with a **Major League Baseball experience with professional ball fields and uniforms**. It takes a year just to reserve a spot to play! It's great to win all the competitions but the idea is to have fun while learning teamwork, sportsmanship and a love of the game. This is once-in-a-lifetime experience that our kids will never-ever forget!

Join us, Feb 24, 2018 at 9AM for our 1st Fundraising Golf Tournament  in Cypress Woods Golf and Country Club in Winter Haven. Lunch, beverages, door prizes, silent auction, raffles and lots of fun. \$79 per player or \$295 for a foursome.

Your contribution would be instrumental in helping us achieve our goal of making this trip possible for our kids.



Copper Level \$100+: Web site recognition
Bronze Level \$200+: Web site recognition + Golf hole sponsor
Silver Level \$500+: Web site recognition + Golf hole sponsor + Banner Recognition
Gold Level \$1,000+: Web site recognition + Golf hole sponsor + Banner Recognition + Foursome
Platinum Level \$1,250+: Gold Level, plus, a **3D Interactive Virtual Tour** of your business or home for sale up to 5K sq ft **valued up to \$2000** Learn more at 3Divt.com/services

Donations are tax deductible as permitted by law - Non Profit Organization - 501C - Tax ID # 01-0917335



1. PayPal: PayPal@RawlingsLegends.com c/o James Aguilar (Cooperstown Coordinator)
2. Check: Payable to Legends c/o Cooperstown and mail to The Batters Box, 6319 Kathleen Rd, Lakeland, FL 33810
3. Call 863.604.3662 and we will pick your donation

Register, watch videos, download this forms, know our Coaches at www.RawlingsLegends.com

On behalf of our Baseball Organization, we would like to thank you in advance for your support for this once in a lifetime experience.

Sincerely,

Rawlings Legends



Rawlings Legends

6319 Kathleen Rd. Lakeland, FL 33810 • James Aguilar 863.604.3662
www.RawlingsLegends.com • info@RawlingsLegends.com



Name _____

Telephone Number _____

Email Address _____

Company Name
(Optional) _____

Company Web Site
(Optional) _____

Level of
Sponsorship _____
Copper / Bronze / Silver / Gold / Platinum

Donation Amount _____

Form of Donation _____
PayPal / Check - Check Number / Cash / Mail - Pick up

Donation Received by _____
Rawlings Legends Representative / Telephone Number

Date Today _____

Prepared: January 9, 2018