

Westside HS Baseball Camp June 1st – June 5th, 2009
Registration Form Part 2:
(please complete and mail back with payment)

HEALTH AND INSURANCE INFORMATION:

Applicant's full name: _____

Past Injuries: _____

Present Health (On medication?)

Drug Sensitivities/Allergies:

Insurance Company:

Insurance Company Address:

Policy Holder: _____

Policy Number: _____

I verify that my child has been checked by a licensed physician and is physically able to participate in the baseball camp. I agree to allow my child to be treated by a licensed physician while attending camp if necessary, and to assume all costs related to such treatment. Also, I authorize the disclosure of medical information to my insurance company for the purpose of the claim.

Parent or Guardian Signature/ Date _____

Waiver and Release: In consideration of my son participating in baseball camp, I, intending to be legally bound, do hereby, for myself, my heirs, executors and administrator, waive and release, and forever discharge any and all rights and claims for damages which may be sustained or suffered by me in connection with, or participation in, and for arising out of my child or heir participating in baseball camp. The camp director has my permission to seek medical attention for my child, and I grant permission for the implementation of appropriate medical treatment in the event of injury or sickness.