

BASES ACADEMY

BASEBALL AND SOFTBALL ESSENTIAL SKILLS

Medical Release

Player _____ Date of Birth _____

Parent/Guardian _____

Address _____ City _____

Phone _____

Emergency Information (required only if Parent/Guardian is not present)

Primary Physician _____ Phone _____

Allergies or Medical Conditions _____

Medical Insurance Provider _____

Group or Plan Number _____ (or attach copy of medical card)

The undersigned parent, legal guardian or supervising adult of the above named minor, hereby authorize my child to participate in today's camp hosted by Bases Academy. In case of a medical emergency you authorize Bases Academy to notify/seek medical attention from any local certified Emergency Medical Technician or Paramedic. This may result in transportation of your child to the nearest medical facility for treatment.

I agree to release, indemnify and hold harmless Bases Academy from any liability of any kind arising from activities in the College Instructional Camp.

Signature of Parent / Guardian _____ Date _____