

2022 Golden Eagles Baseball School

Participant Information and Medical Release Form

I. GENERAL INFORMATION

Name of Participant: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Date of Birth: _____

Person Responsible for Medical Coverage/Costs: _____

Parent or Legal Guardian: _____

Parent/Guardian Address (if different from Participant's address): _____

Parent's/Legal Guardian's: Home Phone: _____

Work Phone: _____ Cell Phone: _____

Primary Emergency Contact Information:

Name: _____

Address: _____

Telephone: _____ Cell: _____

Secondary Emergency Contact Information:

Name: _____

Address: _____

Telephone: _____ Cell: _____

II. MEDICAL INFORMATION AND AUTHORIZATION

A. Authorization, Release and Indemnification

By signing this document, I grant Golden Eagles Baseball School, permission to authorize emergency medical treatment if deemed necessary by Golden Eagles Baseball School. I agree that Golden Eagles Baseball School assumes no responsibility or liability for any injury or damage that might arise out of or in connection with such authorized medical treatment. I further state that I have adequate health insurance necessary or in the absence of health insurance, I will be financially responsible to pay for any medical costs that may be incurred during or arising from my child's participation in this activity. I also agree to indemnify Golden Eagles Baseball School for any liability, including attorney's fees, for any actions brought against Golden Eagles Baseball School for any unpaid medical costs or bills incurred by Participant.

B. TRANSPORTATION PERMISSION AND RELEASE

I understand that Golden Eagles Baseball School transports participants (hereinafter referred to as "the activity") to:

Howell W. Bush Stadium located on the campus of Tennessee Tech
Athletic Performance Center located on the campus of Tennessee Tech

I, the undersigned as the parent or guardian of the participant, do hereby give permission for my child to participate in the activity and to be transported to the activity site(s). I have been given an opportunity to discuss the activity with Golden Eagles Baseball School. I fully understand the nature of the activity and the risk of injury or loss of property associated with the activity.

By signing this form, I am releasing Golden Eagles Baseball School and its employees from claims made by the child or on behalf of the child should injury or loss of property occur as a result of his/her participation in the activity, except when either Golden Eagles Baseball School or its employees are found negligent in the performance or responsibilities associated with the activity.

I acknowledge that I have read this Permission and Release form and fully understand its contents and the consequences of signing this form.

If you have concerns or questions, contact Allison Clark at amclark@tntech.edu or 931-372-3922.

C. INSURANCE INFORMATION

I understand that Golden Eagles Baseball School does not offer any form of insurance for Participant while participating in Event/Program. Please check the applicable box:

I have insurance and have attached a copy of the front and back of the card.

I do not have insurance.

D. GENERAL MEDICAL INFORMATION

a. Does participant have any medical conditions that you or your doctor feel would limit camp participation? YES NO

If yes, identify and explain:

b. Is participant currently taking medication that may interfere with ability to safely participate in Program? YES NO

If yes, please indicate the medication and the condition being treated:

c. Does participant have a history of allergies or reactions to medications, insect stings, or plants? YES NO

If yes, please explain:

d. Does participant have a history of, or currently suffer from, medical condition(s) of which we need to be aware? YES NO

If yes, please explain:

e. Please describe any other conditions of which we should be aware. _____

f. Approximate date of last tetanus shot: (If applicable) _____

III. EARLY DEPARTURE (not applicable to participants 18 years of age or over)

In case of early departure, my child may be released to the custody of the following people:

1. _____
2. _____
3. _____

Minor participants will NOT be released to anyone other than individuals listed above.

