

BILLY MOHL BASEBALL CAMPS, LLC.

MEDICAL WAIVER AND REGISTRSTION INFORMATION

INFORMATION

All campers must have their own medical coverage. Campers will not be allowed to participate unless the following information is provided. This form must be signed by the parent or guardian of the camper.

Camper Name _____

Age _____ Grad Year _____ Email _____

Address _____

City _____ State _____ Zip Code _____

Camper Insurance Co. _____

Policy # _____

Subscriber's Name _____

Ins. Co. Phone # _____

Pre-Authorization required by company YES NO

WAIVER

I fully understand that there are risks involved with my child's participation in the Billy Mohl Baseball Camps. Therefore, I consent for my child to receive any emergency medical treatment deemed necessary by the sports medicine staff at the camp/clinic and agree that the sports medicine staff may determine my child's participation at any time and for any reason. I waive and release Billy Mohl, Billy Mohl Baseball Camps, LLC, the officers, staff, coaches, contractors, employees or representatives of the Billy Mohl Baseball Camps at The University of South Florida, the Board of Governors, the State of Florida, the USF Foundation (or any other entity designated by Florida law to manage, operate and/or oversee the University of South Florida or The Board of Trustees), and their heirs, assigns or successors in interest of any or each of them from any and all liability which may be related to or arise in any way from my child's involvement in the Billy Mohl Baseball Camps, my child's athletics participation or any medical treatment my child may receive. If any portion of this release is held to be illegal, unenforceable or in conflict with any laws in the State of Florida by any Court of competent jurisdiction, the remaining portions of this release shall not be affected.

Parent Signature _____

Emergency Contact _____

Emergency Phone # _____