

Dan Heep Baseball Camps at UIW
MEDICAL INFORMATION - - REQUIRED
(Please complete, sign and bring to registration)

Emergency name and phone number to be used in the event of an injury that requires emergency treatment *when a parent or guardian cannot be reached.*

Campers Name:

Family Physician:

Emergency Contact Phone Number:

Medical/Accident Insurance Co.:

Policy No.:

Policy in Name of:

Allergies:

Last Tetanus shot:

- Insurance program designed to cover costs in excess of camper's own policy.

MEDICAL TREATMENT-CONSENT AND RELEASE AUTHORIZATION I/We the undersigned, for ourselves, our heirs, executors and administrators, waive, release and forever discharge The Jim Schlossnagle Baseball Camp, Jim Schlossnagle and its staff, officers, agents, employees, representatives and assign of and from all rights and claims for damages, injuries, or loss of person or property which may be sustained or occurred during participation in Camp activities or while at Camp. I also give permission for my child to be given emergency treatment at a local hospital.

Parent/Guardian Signature

Date

