

Please fill out this form and fax it back to **(662) 325-3600** or scan to **adel@msstate.edu** or bring with you to camp.

Camp Attending: _____ Email Address: _____

PHYSICIAN'S STATEMENT

I hereby certify that I have examined:

(Camper's Name)

and found him/her physically fit to attend and participate in the Mississippi State University Baseball Camp, and I know of no impairments which would limit his/her participation in all activities in the camp.

Date Examined: _____

Physician's Name: _____
(Please Print)

Physician's Signature _____

Address: _____

Phone: _____



**ATTENTION PARENT/
GUARDIAN STATEMENT**

In order to participate in the Mississippi State Baseball Camp, each camper must have undergone a physical exam within the last 12 months from the initial date of the camp he plans to attend. If he was required to take a physical exam in order to participate on his middle school or high school team during the 2014-15 school year, then a copy of that physical will suffice. (Include a copy of the camper's school physical exam with the completed camp application.) Otherwise, the form above must be completed and signed by a licensed medical doctor and returned with the completed camp application.

RELEASE OF LEGAL RIGHTS

I hereby give permission for the Camper named above to attend and participate in the Mississippi State University (MSU) Baseball Camp (Program). I understand that there are inherent risks and hazards associated with Camper's participation in the Program and I hereby give my voluntary consent for the Camper to participate fully in all camp activities. I voluntarily assume full responsibility for any risk of loss, property damage or personal injury, including death, which may be sustained by Camper as a result of Camper's participation in the Program or while in, on, or upon the premises of where the Program is being conducted or while in transit to or from.

In consideration for the right of the camper to participate in this Program, I, on behalf of Camper, myself, and Camper's heirs, assigns, and personal representative(s) hereby **covenant not to sue and further release, waive and discharge** MSU, the Board of Trustees of State Institutions of Higher Learning, and their trustees, officers, agents, employees and volunteers from any and all liability, claims, demands, causes of action arising out of or related to any loss, damage or injury, including death, sustained by Camper or Camper's property arising out of Camper's participation in the Program, whether caused by the negligence of or breach of any expressed or implied contract by MSU.

If at any time it is necessary for the camper to receive medical attention, I hereby give my consent to the camp to secure those services and arrange transportation if deemed necessary. I am aware that I will be responsible for all medical expenses resulting from any illness or injury.

IN SIGNING THIS RELEASE, I ACKNOWLEDGE AND REPRESENT THAT I have read this document, I understand it, I sign it voluntarily, and no oral or written representations or statements of inducements, apart from the foregoing written agreement, have been made.

Parent or Legal Guardian (Please Print)

Parent or Legal Guardian Signature

Medical/Health Insurance Company

Policy Number

Does the applicant have any history of a physical or medical condition which may affect his ability to participate in the full activities of the Camp? If yes, please list:

Is applicant taking any medications? If yes, please list:

GENERAL INFORMATION

Name: _____
(Please Print)

Address: _____

HomePhone: _____

Cell Phone: _____

Date of Birth: _____ Age: _____

Grade in 2014-15: _____

T-Shirt Size: _____

Name of Parent or Guardian

HomePhone: _____

CellPhone: _____

Email: _____

Emergency Contact Other Than Parent/Guardian

Emergency Phone Number: _____

