

Attendance Information Form

Camp Attending:

Information

Name _____ Male Female

Birth Date _____ Age _____

Home Address _____ City _____

State _____ Zip _____

State _____ School Name _____

T-Shirt (if offered)

(T-Shirt size subject to availability)

Youth- Medium Large

Adult- Small Medium Large

Emergency Information

Parent /Guardian Name _____

Home Phone _____ Work Phone _____

Cell Phone _____ eMail _____

Emergency Contact _____

Home Phone _____ Work Phone _____

Cell Phone _____

Medical Insurance Provider _____

Company Policy # _____ Expiration Date _____

List any medical conditions, disabilities or allergies

Release Form

A. ACKNOWLEDGEMENT AND ASSUMPTION OF RISK

The undersign acknowledges that the activity may involve risks and the undersigned assumes the risk of any and all bodily injury and all property loss or damages arising in any way from said activity. The undersigned agrees that Advantage Baseball is not in any way a guarantor of safety in connection with the activity.

B. RELEASE

As parent or legal guardian of below applicant, I authorize Advantage Baseball to request medical treatment as necessary to insure the well being of the applicant. We, the undersigned, for ourselves, or heirs, executors and administrators, waiver and release forever discharge Advantage Baseball, their staff, officers, agents representatives, employees successors, and assigns of and from any and all rights claims for damages to persons or property which may be sustained or occur during participation in activities, to or from program, whether paid damages, injury are due to negligence or not.

C. INSURANCE

The undersigned is not relying upon Advantage Baseball for any manner of insurance for protection in connection with this activity. The undersigned shall be responsible for providing all insurance to be relied upon for protection in connection with this activity and the undersigned shall not hold Advantage Baseball responsible for providing any insurance coverage.

If participant is under 18 yrs of age:

Signature of Participant

Signature of Parent/Legal Guardian

Print Name of Participant

Print Name of Parent/Legal Guardian

Date

Date