

## Baseball Advantage/ Advantage Athletic Camps

### CAMPER HEALTH/EMERGENCY INFORMATION AND HOLD-HARMLESS FORM FOR BA/AAC SPORTS CAMPS

THIS FORM AND A VALID PHYSICAL FITNESS STATEMENT MUST BE PROPERLY SIGNED and RETURNED BY REGISTRATION DEADLINE.

Campers will not be allowed to participate without properly completed and signed forms.

Participant's Name \_\_\_\_\_  
(Please print)

Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Birth Date \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_  
(Month/Day/Year) (Area Code)

Sports Camp Attending \_\_\_\_\_

Camp Dates \_\_\_\_\_

#### DOES YOUR CHILD HAVE:

Allergies  Yes  No If yes, list. \_\_\_\_\_

Chronic illness, such as heart condition, asthma, epilepsy, diabetes, etc.

Yes  No If yes, list. \_\_\_\_\_

Has your child had any injuries and/or operations during the past year?

Yes  No If yes, list type and dates. \_\_\_\_\_

Has your child's physical activity been restricted during the past year?

Yes  No If yes, list reasons and duration. \_\_\_\_\_

Is your child taking any medications? Yes  No  If yes, why? \_\_\_\_\_

Name of medication(s) and Dosage(s). \_\_\_\_\_

Has your child ever taken any sulfa drugs? Yes  No

Has your child had adverse reactions to any drugs? Yes  No

If yes, list drug(s) and reaction(s): \_\_\_\_\_

Date of last tetanus immunization: \_\_\_\_\_

#### IN CASE OF EMERGENCY, NOTIFY:

Name \_\_\_\_\_  
(Please print)

Relationship \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Work (\_\_\_\_\_) \_\_\_\_\_ Home (\_\_\_\_\_) \_\_\_\_\_  
(Area Code) (Area Code)

Family Physician \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_  
(Area Code)

Medical Insurance \_\_\_\_\_

Name of Insured \_\_\_\_\_

Policy/Group # \_\_\_\_\_

I, the undersigned, individually and as a parent/guardian of

\_\_\_\_\_ (participant), a minor, ask that he/she be admitted to participate in the sports camp sponsored by Baseball Advantage/ Advantage Athletic Camps. I am fully aware of the safety risks of participating in this activity.

I acknowledge and accept the risks and I understand that BA/AAC cannot guarantee my child's safety. I state to you that I am not aware of any physical condition that would limit my child's participation in this activity. I understand that it is my responsibility to let you know if my child has any condition that would limit his/her ability to safely participate in this activity. In exchange for my child being allowed to participate in this activity, and to the fullest extent permitted by law, I hereby waive and release—and further agree to indemnify, defend, and hold harmless BA/AAC and its trustees, officers, agents, employees, and volunteers from and against—any and all liabilities, claims, costs, expenses, injuries, and or/losses that I or my minor child may sustain as a result of my child's attendance at the sports camp, or in the course of competition and/or activities held in connection with the sports camp. I hereby give consent for medical treatment and agree to assume all responsibility for payment of medical bills and expenses. Furthermore, I will be responsible for filing all claims with all insurance companies. You have my permission to release a copy of this form and the personal insurance information below to any medical provider treating my child.

I also give permission for my child's photograph to appear in promotional material regarding future camps.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

(Please print name and relationship to participant)