

Jake Carrillo's Golden Gate Sliders Baseball Camp Medical Release

In case of emergency, if our family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel. (i.e. EMT, First Responder, E.R. Physician)

Family Physician: _____ Phone: _____

Address: _____

Hospital Preference: _____

In Case of Emergency Contact/Authorized Child Pick Up:

Name	Phone	Relationship to Player
------	-------	------------------------

Name	Phone	Relationship to Player
------	-------	------------------------

Please list any allergies/medical problems, including those requiring maintenance medication. (i.e. diabetic, asthma, seizure disorder).

Medical Diagnosis	Medication	Dosage	Frequency of Dosage

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem that may interfere with or alter treatment.

Does child have all required California immunizations? Yes No

Date of last Tetanus Toxoid Booster: _____

WARNING: Protective equipment cannot prevent all injuries a player might receive while participating in baseball.

Injury Liability Release:

I hereby release Jake Carrillo's Golden Gate Sliders Baseball Camp, including but not limited to its agents and coaches, from any and all liability for any injury sustained by the above player caused by participation in baseball with Jake Carrillo's Golden Gate Sliders Baseball Camp. I expressly recognize that there are risks of injury inherent in participation in baseball. As part of the consideration for participation, I freely give this release:

Signatures:

Parent/Legal Guardian

Date

Parent/Legal Guardian

Date