

Capital City Strike Zone

Baseball Camp

Medical Authorization Form

Please complete either Section I or Section II, then complete Section III and bring with you to turn in at camp registration.

Player Name: _____

Section I

I certify that I have given a physical examination and find this student physically able to participate in the Capital City Strike Zone Baseball Camp and/or Showcase. Any medications prescribed and any physical conditions of which the Capital City Strike Zone coaching staff should be aware are attached to this medical authorization form.

Physician's signature: _____ Date: _____

Section II

I, the parent/guardian of the aforementioned student, certify that he has undergone a physical examination by a licensed physician in the calendar year preceding the first day of Capital City Strike Zone Baseball Camp. Proof of that physical examination, any medications prescribed, and any physical conditions of which the capital City Strike Zone coaching staff should be aware are attached to this medical authorization form.

Parent/Guardian signature: _____ Date: _____

Section III

Parental Consent Statement: I hereby authorize the staff of the Capital City Strike Zone Baseball Camp to administer any treatment deemed necessary, and I release the above mentioned from any and all liability for any injury incurred by my son while participating in camp activities. I accept full responsibility for expenses incurred in the diagnosis and/or treatment of any injury or illness while at camp.

Parent/Guardian signature: _____ Date: _____