

Players Name: _____

“I hereby authorize the staff of Long Beach Future Stars to act on my behalf according to their best judgment in the event of an emergency requiring medical attention. I hereby waive and release the University Camp from any and all liability for any injuries or illnesses occurring while my child is attending camp. I have no knowledge of any physical impairment that would be affected by the above named campers’ participation in the Long Beach Future Stars Baseball Camp.”

Print Name: (Parent or Legal Guardian)

Signature:

Date:

Please deliver this signed document to the registration check in on the first day of your camp session.