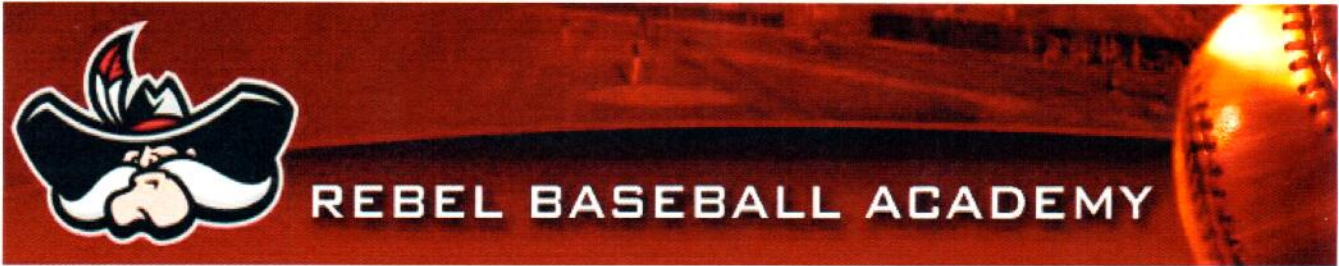


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**Medical Information Required
(Please Complete and Sign)**

Emergency name and phone number to be used in the event of an injury that requires emergency treatment when a parent or guardian cannot be reached.

Name _____

Family Physician _____

Phone _____

Medical/ Accident Insurance Company

Policy # _____

Address of Insurance _____

Policy in Name of _____

Allergies _____

Last Tetanus Shot Date _____

Camp Insurance program designed to cover costs in excess of each camper's own policy.

**Medical Treatment— Consent and
Release Authorization**

I/We, the undersigned, for ourselves, our heirs, executors and administrators, waive, release and forever discharge Rebel Baseball Academy, REBEL's Baseball Camps LLC, UNLV, and its staff, officers, agents, employees, representatives and assign of and from all rights and claims for damages, injuries, or loss of person or property which may be sustained or occurred during participation in Camp activities or while at Camp. I also give permission for my child to be given emergency treatment at a local hospital.

Parent/Guardian

Date