



Dirtbags Baseball Camps Treatment and Liability Waiver

Player's Name _____

“I hereby authorize the staff of Long Beach State University 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 Dirtbags Baseball Camps from any and all liability for any injuries or illnesses occurring while my child is attending camps. I have no knowledge of any physical impairment that would be affected by the above named camper's participation in the Dirtbags Baseball Camps.”

Print Name (Parent of Legal Guardian)

Signature

Date

Note: Please deliver this signed document to the registration check in.
