

# **GOLD GLOVE ACADEMY, LLC. Softball Camps**

## **Medical Consent**

I hereby state that my child is in good health and has my permission to participate in all camp activities. In addition, I authorize GOLD GLOVE ACADEMY, LLC. Staff to act for me in securing medical treatment for my child in the event of injury or sickness. A registration requires that a parent/guardian sign below to agree that in case of an accident involving their child while attending camp, they release the camp, the ownership, the instructors, the directors and Jacksonville University of any and all liability.

Child's Name \_\_\_\_\_

Insurance Company \_\_\_\_\_

Policy # \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_