



# Mike Martin Baseball School's Medical/Liability Waiver Form for On Line Registrations

Camper's Name: \_\_\_\_\_

## **Please Check Week of Camp:**

- JUNE 30-July 3            **SUPER SKILLS ACADEMY**
- JULY 8-12                **SEMINOLE ADVANCED BASEBALL SCHOOL 1 -**
- JULY 15-19              **MIKE MARTIN BASEBALL SCHOOL - JULY**
- JULY 22-26              **SEMINOLE ADVANCED BASEBALL SCHOOL 2 -**



I, as a parent/guardian, by signing this registration form, waive and release the Mike Martin Baseball's Schools (W.A.M. Inc.), Florida State University, Florida State Board of Trustees, Tallahassee Parks and Recreation Department, Tallahassee Community College, and sponsors, from any and all liability from any injury or illness incurred going to school, from home or while at school, or returning home. I, as a parent/guardian, have actual knowledge and appreciation for the particulars of the program and hereby voluntarily consent to said minor's participation, and assume the risk arising there from. I hereby give my permission for emergency medical treatment in the event I cannot be reached.

\_\_\_\_\_ (\_\_\_\_\_)  
Date                      Print Name                      Signature                      Relationship

Emergency Contact Name \_\_\_\_\_  
Emergency Contact Phone (            ) \_\_\_\_\_

All campers must provide proof of insurance coverage for any injury or sickness incurred while attending the Mike Martin Baseball Schools.

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

Address \_\_\_\_\_  
   Street  
   \_\_\_\_\_  
   City                                      State                      Zip

Policy Number \_\_\_\_\_

Type of Coverage \_\_\_\_\_

**A PHOTO COPY OF CAMPER'S HEALTH INSURANCE CARD IS REQUESTED  
PRIOR TO THE START OF CAMP.**

**Please bring this form with a copy of your insurance card to registration.**  
**(Please staple insurance card photocopy with this form)**

MIKE MARTIN BASEBALL SCHOOL – C/O FSU BASEBALL – P.O. BOX 2195 – TALLAHASSEE, FL 32316-2195

*Mike Martin Baseball Schools  
Florida State University  
403 Stadium Drive West  
Room D107  
Tallahassee FL 32306  
850-644-1071 (O)  
850-644-7213 (F)  
850-545-6821 (C)*



# Mike Martin Baseball Schools

**NO PERSONAL INSURANCE**

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***WAM, Inc current policy carries an excess accident/medical benefit of \$10,000 per claim. This is excess coverage to any primary the claimant has in place, if a camper is injured and has no primary insurance, the policy would then become primary for that camper with the same \$10,000 per claim benefit minus the \$500.00 deductible.***

\_\_\_\_\_ ( \_\_\_\_\_ )  
 Date                      Print Name                      Signature                      Relationship

Emergency Contact Name \_\_\_\_\_

Emergency Contact Phone ( \_\_\_\_\_ ) \_\_\_\_\_

**MIKE MARTIN BASEBALL SCHOOL – C/O FSU BASEBALL – P.O. BOX 2195 – TALLAHASSEE, FL 32316-2195**

*Mike Martin Baseball Schools  
Florida State University*