

Blue Hen Baseball Camps (please type or print)

CAMPER'S NAME _____ AGE _____

EMERGENCY HEALTH INFORMATION

PARENT #1 NAME: _____ DAYTIME/CELL PHONE: _____

PARENT #2 NAME: _____ DAYTIME/CELL PHONE: _____

MEDICAL HISTORY (Explain thoroughly to any "Yes" responses)

Any medical conditions currently under treatment? _____

Any asthma and/or allergies? _____

Medical Insurance Company Policy Number _____

MEDICAL INFORMATION & AUTHORIZATION TO PARTICIPATE – REQUIRED FOR ADMISSION!

_____ has been examined within the last 12 months and no medical reason has been found that he/she cannot participate in this camp. His/her records show that all immunizations are up to date. Date of last tetanus and diphtheria immunization _____, (If more than ten years ago, a booster is recommended). I agree that in case of an accident involving my child while attending this camp and with full awareness that baseball is an activity that may involve risk of injury, I release the Blue Hen Baseball Camps, Jim Sherman and the University of Delaware from any and all liability for any injuries or illnesses occurred while at camp. In case of any emergency, I give permission to the appropriate summer camp personnel to have my child properly transported to a medical facility for care. I understand that the Blue Hen Baseball Camps, Jim Sherman and the University of Delaware do not provide medical insurance and that I will be responsible for all medical expenses occurred. I also hereby consent to any treatment, surgery, diagnostic procedures or the administration of anesthesia, which may be carried out based on medical judgment of the attending physician.

PARENT/GUARDIAN SIGNATURE

DATE

Our camp's tax ID# is 20-8424611