

**Medical and Insurance Form**

I hereby authorize my child's participation in Birmingham-Southern College Softball Camp. I do not know of any physical, mental, emotional, or behavioral problems that may affect my child's ability to safely participate. The camp staff is authorized to take medical action to any health problem or injury that my child may incur while attending camp. I understand that my child must have current and active medical insurance before she may attend camp and hereby confirm that she does. Neither my child, nor I, will hold the clinic staff, Birmingham-Southern College, the camp, or any camp coach liable for any injuries/illnesses or expenses relating to injuries/illnesses sustained while my child is at camp.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Participant's  
Name \_\_\_\_\_

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

Policy Holder Name \_\_\_\_\_

Group/Policy/ID Number \_\_\_\_\_

Doctor \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Emergency Phone  
Number \_\_\_\_\_

Allergies, medications, conditions, limitations:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Registration Form

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_

Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Age \_\_\_\_\_

Grade \_\_\_\_\_

School / Travel \_\_\_\_\_

Coach \_\_\_\_\_

Primary Position \_\_\_\_\_

Secondary Position \_\_\_\_\_

Email Address \_\_\_\_\_