

PARENT'S STATEMENT

In accordance with the rules of the Todd Whitting's Cougar Baseball Camp, I hereby give my consent for the aforementioned camper to participate in all camp activities. The undersigned applicant will be engaging in physical activity during the pro-gram which contains an inherent risk of physical injury and the undersigned assumes the risk, indemnities and releases the Todd Whitting Cougar Baseball Camp, Directors, Agents, and Employees from any liability for personal injury arising out of the applicants participation in the camp program. If at any time it is necessary for the aforementioned camper to receive outside or professional medical attention, I hereby give my consent to the Camp to secure the services of whatever physical or medical facility selected and to secure whatever transportation is deemed necessary. I am aware that all campers must provide proof of insurance coverage for any sickness or injury incurred while attending the Todd Whitting's Cougar Baseball Camp.

Parent or Guardian: (signature)

Applicant:

Insurance Co.:

Co. Address:

Type of Coverage:

Policy No./Group No.:

The full amount of camp tuition is required to register. Camp tuition is nonrefundable once camp begins