

2010 COLLEGE SOFTBALL CAMP

January 2-3,2010 - Coquille Complex - Covington, LA

Permission to Participate, Release of Liability, and Authorization for Medical Treatment Form

The named participant is in good health and has my permission to participate in the 2010 COLLEGE SOFTBALL CAMP. I hereby release the coaches participating in the camp and all other employees, officers, directors, agents, officials, and volunteers affiliated with the camp from and against any liability claims or demands for any injury or illness incurred at the 2010 COLLEGE SOFTBALL CAMP. I hereby assume complete financial responsibility for any personal injury or property damage created as a result of an intentional or negligent act of my child or ward while he or she is attending the 2010 COLLEGE SOFTBALLCAMP. Permission is granted for my child to receive emergency medical treatment if needed. I will be responsible for any costs of medical treatment incurred at the Camp.

PLAYER'S NAME _____ Age _____
(PRINTED)

Player's Signature _____ Date _____

E-mail _____

PARENT'S NAME _____
(PRINTED)

Phone: Home _____ Phone: Work _____

Emergency Contact _____ Emergency Phone _____
(PRINTED)

Parent's Signature _____ Date _____
(Required if Player is under 18 years of age)

**Please make checks payable to: College Softball Camp
and mail this completed signed form WITH Camp application to:**

**2010 COLLEGE SOFTBALL CAMP
P.O. Box 2829
Covington, LA 70434**