



Camp Registration Form and Insurance Information Required



(Please Complete and Sign)

Name of Camper: _____ Age _____

Address: _____

City: _____ State/Zip: _____

Email address: _____

Home Phone # _____ Cell Phone # _____

T-Shirt Size (please circle): Youth S M L XL: Adult S M L XL

Emergency Contact and Phone Number: _____

Relationship to Camper _____

Emergency name and phone number to be used in the event of an injury at camp that requires medical attention when a parent or guardian cannot be reached

Family Physician _____ Phone # _____

Medical Insurance Company _____ Policy # _____

Address of Insurance _____

Policy Holders Name _____

Allergies _____

Last Tetanus Shot Date _____

Medical Treatment- Consent and Release Authorization

I hereby authorize the Southern Nevada Baseball Club to act for me according to their best judgment in any emergency requiring medical attention.

I hereby waive and release the Southern Nevada Baseball Club and all Directors and Instructors from liability arising from my child's participation at the Camp and I know of no mental or physical problems that might affect my child's ability to safely participate in this Camp. I will be responsible for any medical or other charges in connection with my child's attendance at Camp. Costs for treatment of injuries or hospitalization for illness or injuries incurred during the camp will be the responsibility of the parent or guardian of the camp participant.

Parent/Guardian

Date

**PLEASE FAX TO: PLEASE SCAN AND EMAIL BACK TO
NICK.GARRITANO@CSN.EDU ASAP**