



Brent Gates Baseball

Parental Consent Form

Injury Liability Release

Photo Release

Student's Name (print)

Date of Birth

I, the parent/guardian of the student named above, hereby give permission for my child to participate, in all the activities, at Brent Gates Baseball camp/clinic.

I understand that my child is responsible for his/her behavior at all times, and agree not to hold Brent Gates Baseball or any of its staff responsible for any expenses or damages incurred as a result of my child's behavior. I also understand that any violation of my child's discipline may result in exclusion from the camp/clinic.

I agree that in the event of an injury or illness, the staff member in charge of the camp/clinic may act on my behalf and at my expense in obtaining medical treatment for my child. It is understood that Brent Gates Baseball will provide no medical insurance for such treatment, and that the cost thereof will be at my expense.

I give Brent Gates Baseball permission to take pictures of my child and use them on the Brent Gates Baseball website and/or on promotional materials.

I have read and understood this parental consent form, and agree to all of its terms and conditions.

PRINT Name of Parent/Guardian

Signature

Date Signed

DETAILS:

Emergency Contact(s):

Name

Phone

Name

Phone