

# MEDICAL INFORMATION

## INSURANCE FORM

Name of Applicant: \_\_\_\_\_

All campers must have their own medical coverage. Campers will not be allowed to play unless the following information is submitted. This form must be signed by the parent or guardian of the camper.

Camper's Insurance Co: \_\_\_\_\_

Policy No: \_\_\_\_\_

Subscriber's Name: \_\_\_\_\_

Phone No: \_\_\_\_\_

Preauthorization required by company:  yes  no

## MEDICAL TREATMENT AUTHORIZATION

I/We, the undersigned, for ourselves, our heirs, executors and administrators, waive, release and forever discharge the Elliott Avent Baseball Camps® and its staff, officers, agents, employees, representatives, successors and assignees of and from all rights and claims for damages, injuries, or loss of person or property which may be sustained or occur during participation in camp activities or while at camp.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## FAMILY PHYSICIAN

Name: \_\_\_\_\_

Phone No: \_\_\_\_\_

Address: \_\_\_\_\_

In case of medical emergency, I hereby give permission to hospitalize, to secure proper treatment for, and to order injection or minor surgery for my child as named above.

Signature of

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## EMERGENCY CONTACT TELEPHONE NUMBERS:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

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*Additional material and acknowledgement of your registration will be mailed to you upon receipt of your application and \$50 non-refundable deposit.  
(Excludes 2008 Weeknight Camps)*