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# WESTERN CAROLINA BASEBALL ACADEMY LIABILITY RELEASE AND MEDICAL AUTHORIZATION FORM

Camper \_\_\_\_\_ Birth Date \_\_\_\_\_ Social Security Number \_\_\_\_\_  
(Please print full legal name)

Sport Baseball Session Dates (Please check box)  2009 Fall Elite Instructional (November 8, 2009)

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### Release and Medical Authorization

The release and treatment authorization must be signed by a parent or guardian if student is under 18 years old. Participants who are 18 years old or will become 18 years old before the end of the program must also sign this authorization. In order for students to participate in any camp activities, this form must be completed and on file with Western Carolina Baseball Academy.

#### Parent's/Guardian's Authorization

This is to certify that \_\_\_\_\_ has been examined by a physician within the past year, and that he/she was found to be physically able to participate in vigorous physical activity and competitive athletic sports.

Date of last tetanus immunization \_\_\_\_\_ Allergies \_\_\_\_\_

Drug Sensitivities \_\_\_\_\_

Other Medical Problems/Current Medications \_\_\_\_\_

What accommodations should be made to insure proper administration and storing of the medication?  
\_\_\_\_\_

Is an identification band or card carried to alert others to the allergy(ies), medical conditions or medication use? Y \_\_\_ N \_\_\_

Signed X \_\_\_\_\_  
Parent/Guardian

#### Release of Liability and Medical and Surgical Authorization

In consideration of being permitted to participate in the Western Carolina Baseball Academy at Western Carolina University, I hereby assume the risks of personal injury that may result from program activities. I am knowledgeable about the sport, have previously participated in the sport, and am aware of the potential for injury while participating. As a participant and/or as a parent or guardian, I do hereby release Western Carolina Baseball Academy, the North Carolina State Board of Regents, Western Carolina University, and their officers, employees and agents, from all liability for personal injury or property damage which result from causes beyond the control of, and without the fault or negligence of it's employees, agents or officers.

I hereby authorize and give my consent to the health care providers to perform upon or administer to my above named child any reasonable, necessary surgical or medical treatment. I also give permission to administer whatever anesthetic may be necessary or advisable during the medical or surgical procedures. This authorization is intended to cover emergency treatment, immunizations, injections, and minor operations and procedures. In the case of psychiatric and/or psychological emergencies involving psychological treatment, parental authorization for treatment beyond that responsive to the emergency will be requested.

X \_\_\_\_\_  
Parent's/Guardian's Signature Date

X \_\_\_\_\_  
Student's Signature Date

Name \_\_\_\_\_  
Parent/Guardian Print or Type

Address \_\_\_\_\_

City \_\_\_\_\_ Insurance Company \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Insurance Co. Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Policy # & Holder \_\_\_\_\_