

***Bobcat Baseball Camps at Bates College***

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

Parent/Guardian Name: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_

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

Medical Conditions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Assumption of Risk/Medical Release Agreement:** I/we the parent/guardian of the above named player do hereby give my/our approval to my child's participation in any and all activities at the 2008-2009 Bates College Baseball Clinics. We do further release, indemnify and hold harmless Bates College, the organizers and the instructors. In case of injury to my/our child, I/we waive all claims against Bates College, organizers, and any of the appointed instructors. Additionally, I grant permission for emergency medical treatment, should the above named individuals or I not be able to be contacted.

**PARENT/GUARDIAN SIGNATURE:**

\_\_\_\_\_

**Date:** \_\_\_\_\_