



2012 Victory Baseball Camp Player Registration Form

- Application Process:** 1) Fill out the *Registration* and *Medical Information* forms (both forms are *required*).
2) Minimum \$100.00 Deposit with registration
3) Write a check payable to Victory Baseball Camp for the appropriate amount listed below.
4) **Mail to:** Victory Baseball Camp
4525 Misty Morn Circle
Orlando, FL 32812
- Camp Date:** July 10–17, 2012
Camp Fees: \$795.00

Please Print. Complete BOTH forms. Incomplete or missing forms will not be processed.

Player's Last Name: _____ First: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Player's Cell: _____ Parent's Cell: _____

Parent's Email: _____ DOB: _____ Last Grade Completed: _____

Father's Name: _____ Mother's Name: _____

Parental Waiver and Consent Form Authorization:

As the parent or legal guardian of the child named above, I hereby give my consent and approval for my child to participate as a camp member in the Victory Baseball Camp. I understand that there are certain risks of injury inherent in the practice and play of this sport, as well as in traveling and other related activities incidental to my child's participation and I am willing to assume the risks on behalf of my child. I hereby certify that my child is fully capable of participation in the baseball program and that my child is healthy and has no physical or mental disabilities that would restrict full participation in these activities, except as listed on the medical form. In addition to giving my full consent for my child's participation I do hereby waive, release, and hold harmless the Victory Baseball Camp, its officers, coaches, sponsor supervisors, and representatives for any injury that may be suffered by my child in the normal course of participation in the baseball camp and the incidental thereto, whether the result of negligence or any other cause. We also understand and agree that the above named player shall not be covered by any insurance held by the Victory Baseball Camp unless or until this player's registration and medical information are fully completed and returned to the Victory Baseball Camp and shall be effective no sooner than the 1st day of camp. In addition, we understand that any insurance held by Victory Baseball Camp is secondary to any accident disability or health insurance that a participant may be covered under.

Parent/Guardian Signature: _____ Date: _____



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Medical Information and Release

NOTICE TO ALL PLAYERS AND PARENTS:

In many situations, a minor child cannot receive emergency medical care without the authorization of a parent or guardian. We require that you fill out and sign this form to avoid any unnecessary delay in medical treatment.

Medical Information:

Medical Doctor: _____ Hospital Preference: _____

Allergies: _____

Medications: _____

Insurance Information: _____

Insurance Company Name: _____ Policy No. _____

Address: _____ Phone: _____

Person to contact in case of emergency: (if parent/guardian is unavailable)

Name: _____ Relation to player: _____

Home Phone: _____ Work: _____ Cell: _____

Consent for emergency medical treatment:

As a parent or legal guardian of the above named player, I do hereby consent to the emergency medical care and treatment of the above named player, as required, as a result of injury and/or illness while participating in the Victory Baseball Camp. In the event of the necessity for emergency medical treatment I and/or we hereby authorize a coach or member of the coaching staff to consent to the emergency medical care and treatment and/or ambulance transportation to a medical care facility and/or hospital treatment center. The purpose of this authorization is to insure proper and necessary emergency medical care and treatment.

Parent/Guardian Signature: _____ Date: _____

Witness Signature: _____ Date: _____

Office Use Only

Date Rec'd: _____ Check/Cash: _____