

**2009 Blazer Baseball Fall Exposure Camp
Registration / Medical Form**

**Saturday, November 14th
9:00 a.m. - 5:00 p.m.**

CAMPER NAME (Please Print) _____ Phone Number _____

Home Street Address _____ City _____ ST _____ ZIP _____

Age _____ DOB _____ 2009-10 Grade _____ School _____

T-Shirt Size AS AM AL XL 2XL eMail _____

Primary Position

Catcher First Base Third Base Pitcher *If your secondary position is Pitcher, you may be evaluated in the bullpen but you will not throw in the game.*
 Outfield Second Base Shortstop

Amount Enclosed Deposit \$20 Full Tuition \$65 CHARGE CARD # _____ Exp. Date _____

Please return 1) Camp Registration / Medical Form and
 2) Tuition Payment (or \$20 non-refundable deposit) to ...

**THANK YOU FOR MAKING YOUR CHECK PAYABLE TO:
 VSU FOUNDATION**

In the event that you must cancel your registration, tuition will be refunded less a \$20 non-refundable processing fee.

**VALDOSTA STATE UNIVERSITY
 BLAZER BASEBALL OFFICE
 1500 N. PATTERSON STREET
 VALDOSTA, GA 31698**

OFFICE USE ONLY

Date Paid _____

Cash / Ch# _____

Initials _____

MEDICAL INFORMATION AND WAIVER OF LIABILITY

Does camper have allergies or medical conditions? No Yes - List: _____

Is camper currently on medications? No Yes - List: _____

Does camper have loss of a paired organ (kidney, eye, etc.)? No Yes - List: _____

If you have a "YES" answer to any of the above, you must include a physician's permission to participate. PLEASE USE BACK OF FORM FOR ADDITIONAL INFORMATION.

IN CASE OF EMERGENCY - Please list phone numbers in order of preference; check phone type.

PRIMARY CONTACT _____ Relationship _____ Cell Work Home Cell Work Home

SECONDARY CONTACT _____ Relationship _____ Cell Work Home Cell Work Home

Medical Insurance Company Name _____ Policy Holder Name _____ Policy Number _____

Any instructions regarding your insurance: _____

I/We, the undersigned, hereby certify that I/we am/are the parent/legal guardian of the camper. I hereby give permission for the staff of the Camp to seek, during the period of Camp, appropriate medical attention for the camper and for medical attention to be given and for the camper to receive medical attention in the event of an accident, injury or illness. I will be responsible for any and all costs of medical attention and treatment.

I/We, the undersigned, for ourselves and/or as guardians of _____ (camper name) understand that baseball is an active, physical sport and that injuries can take place during play. I/We also understand that there will be a number of children attending camp, there will be a limited number of coaches and/or counselors, and my/our child cannot receive individualized attention and supervision all of the time. I/We understand that, as with any sport, injuries can occur, and we hereby acknowledge that my/our child is physically fit and mentally capable of participating in these camp activities. I/We also understand that it is my/our responsibility in caring for the camper listed above, to be assured that he/she is fully capable of engaging in this sport's activity, and I/we are confident that he/she is able to engage in such sport.

For the sole consideration of my child's participation in the Camp as outlined, above I agree to indemnify and hold harmless Valdosta State University and the Board of Regents of the University System of Georgia their members individually and their officers, agents, and employees (current and former) from any and all claims, demands, claims for attorney's fees whatever kind or nature which might be asserted against them, rights and causes of actions of whatever kind, by or on behalf of myself, my heirs, assigns, attorneys in fact, attorneys at law, personal representatives, dependents, or otherwise, arising from my Child's participation in connection with his/her activities at and through Valdosta State University.

I hereby certify that I am eighteen (18) years of age or older, suffering under no legal disabilities, that I have read the foregoing document carefully and hereby sign this agreement voluntarily and of my own free will.

Parent/Guardian SIGNATURE (required) _____ PRINT Parent/Guardian Name _____ Date _____