

# **Torreys Baseball Camp**

## **Registration/ Medical Authorization**

Name \_\_\_\_\_ Birth date/Grade \_\_\_\_\_

Address \_\_\_\_\_ Phone (h) \_\_\_\_\_

\_\_\_\_\_ Phone(c) \_\_\_\_\_

Parent name \_\_\_\_\_ Email \_\_\_\_\_

**Please check which session(s) attending:**

Session I (June 14-17) \_\_\_\_\_ Session II (June 28-July 1) \_\_\_\_\_

\*\*\*\*Camp will end @ 2pm June 17\*\*\*\*

### **Medical authorization**

In case of medical emergency, I/we understand that every effort will be made to contact parents or guardians of campers. In the event I/we can not be reached, I/we, the parent(s) or legal guardian(s) of \_\_\_\_\_, a camper at the **Torreys Baseball Camp**, authorize medical treatment. Such treatment is to be rendered by, or under the jurisdiction of, a duly licensed medical doctor or dentist. You are fully authorized to act in accordance with your judgement in any such emergency and are absolved from any liability or financial responsibility in connection therewith.

\_\_\_\_\_  
Health Insurance Company

\_\_\_\_\_  
Policyholder or Employer

\_\_\_\_\_  
Group or Policy Number

\_\_\_\_\_  
Date of Coverage

\_\_\_\_\_  
Name of Doctor

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Name of Dentist

\_\_\_\_\_  
Phone

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

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date