

Puma Baseball Player Information Sheet

Interested in (circle one):

Tryouts

Youth Summer Camp

Incoming Freshman Summer Camp

PLAYER NAME	BIRTHDATE	AGE	INCOMING GRADE (NEXT YEAR)
PLAYER ADDRESS (INCLUDE CITY AND ZIP)			
MOTHER/GUARDIAN	CELL PHONE	WORK/OTHER PHONE	EMAIL ADDRESS
FATHER/GUARDIAN	CELL PHONE	WORK/OTHER PHONE	EMAIL ADDRESS
EMERGENCY CONTACT	CELL PHONE	WORK/OTHER PHONE	RELATIONSHIP

RELEASE AND WAIVER

I recognize the hazards and danger involved with my child’s participation in **BASEBALL** activities and I understand that he may be injured or seriously hurt practicing, conditioning, or playing a game. I, parent or guardian of (child’s name) _____ hereby give approval for participation in any and all Puma Baseball activities. I hereby grant permission to managing personnel and coaches or other camp representatives to authorize and obtain medical care from any licensed physician, hospital or medical clinic should the player become ill or injured while participating in the camp when neither parent nor guardian is available to grant authorization for emergency medical treatment. I assume all risks and hazards incidental to such participation in baseball activities, and do hereby waive, release, absolve, indemnify and agree to hold harmless **Puma Baseball, its coaches, Capistrano Unified School District, their employees and personnel, including the supervisors and owners of any facilities used for the programs, volunteers and other persons associated** with the camp. I understand I am responsible for any and all claims arising out of an injury to the player. I also assume all financial responsibility for any medical treatment of my child. I acknowledge that my son is covered under our personal family health care plan.

Signature _____ Relationship to Player _____

Date _____

Insurance Carrier _____ Policy Number _____