

South Florida Fastpitch Softball Camps, LLC

Medical Waiver and Registration Information

Name of Camp _____ Date of Camp _____

Information

All campers must have their own medical coverage. Campers will not be all to participate unless the following information is provided: This form must be signed by the parents or guardian of the campers.

Campers Name: _____ Age: _____

Graduation Year: _____ Email: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Insurance for the Camper: _____

Policy Number#: _____

Subscriber's Name: _____

Insurance Company Phone #: _____

Pre- authorization required by company ☐ YES ☐ NO



Waiver

I fully understand that there are risks involved with my child's participation in the South Florida Fastpitch Softball Camps, LLC. Therefore, I consent for my child to receive an emergency medical treatment deemed necessary by the sports medicine staff at the camp or clinic and agree that the sports medicine staff may determine my child's participation at any time and for any reason. I waived and release South Florida Fastpitch Softball Camps, LLC the officers, staff, coaches, and contractors, employees or representatives of the South Florida Fastpitch Softball camps, LLC at the University of South Florida, the Board of Governors, the State of Florida, and the USF Foundation (or any other entity designated by Florida law to manage, operate and or oversee the University of South Florida or The Board of Trustees), and their heirs, assigns or successors in interest of any or each of them any and all liability which may be related to or arise in any way from my child's involvement in the South Florida Fastpitch Softball camps, LLC, my child's athletics participation or any medical treatment my child may receive. If any portion of this release is held to be illegal, unenforceable or in conflict with any law in the State of Florida by any Court of competent jurisdiction, the portions of this release shall not be affected

Parents Signature: _____

Emergency Contact: _____

Emergency Phone Number: _____