

GRANT GENERALS YOUTH BASEBALL CLINIC PLAYER INFO AND WAIVER

Please fill out INFO SHEET AND WAIVER/RELEASE and bring to camp for check in.

PLAYER NAME:

AGE:

GRADE:

YOUTH LEAGUE:

SCHOOL:

PARENT NAME:

CELL NUMBER:

SECONDARY EMERGENCY CONTACT:

SECONDARY CELL NUMBER:

HOME ADDRESS:

CITY:

STATE:

ZIP:

KNOWN ALLERGIES OR MEDICAL CONDITIONS:

Insurance Each camper is expected to provide their own insurance.

Medical insurance company:

Policy #:

I hereby register my child in the Generals Baseball Camp. I know of no mental or physical problems which may affect his/her ability to participate in this camp. I hereby release and hold harmless Portland Public Schools, Grant High School and Generals Baseball and its employees from any liability that may arise out of my child's participation in this camp. I acknowledge that I am responsible for any medical expenses due to my son/daughter's illness and/or injury.

PARENT/GUARDIAN SIGNATURE:_____