

Softball Camp Registration

NAME _____

STREET _____

CITY _____ STATE _____ ZIP _____

PHONE _____ EMERGENCY/DOCTOR PHONE _____

DOCTOR _____ MEDICAL FACILITY _____

PARENT OR GUARDIAN SIGNATURE _____

As the parent or legal guardian of the above-named child and in the event of an injury or illness which requires immediate examination or treatment in the opinion of the director or coaches, and if or an authorized person noted below cannot be contacted, I authorize and direct them on my behalf to have my child transported by car or ambulance to the medical facility listed below. If the doctor cannot be reached or is unavailable, necessary emergency treatment may be given by any doctor on call. I understand that CHAFFEY COLLEGE and JAMES E. RODRIGUEZ assumes no financial responsibility for medical care or ambulance transportation.

No liability is placed upon this camp for injuries that may occur.

Waiver to be signed before participation