

Northwestern Baseball

CAMP REGISTRATION AND EMERGENCY RELEASE FORM Waiver and agreement apply to all Northwestern Baseball camps in the year 2019-2020

Camper's Name:	Emergency Cont. Relationship:
Parent's Name(s):	Emergency Cont. Cell #:
Emergency Contact:	Emergency Cont. Home #:
Allergies/Medications:	
applicant in the program conducted by Coach Spencer Alle take part in all activities. Further, we do hereby waive, rele representatives, employees and the successors and assign f	orth. We hereby give our consent and approval to the participation of the en, staff, & Northwestern University, and certify that he is physically fit to ease, and forever discharge said organizations, its staff, agents, from any and all claims for damages occurring from accident, injury to tay at camp, his participation in all activities, or arising from his travel to or vears of age) Date
Signature of Farent of Guardian (if player is under 18	years of age) Date
In case of a medical emergency involving my child/ward, parent/guardian/alternate person. In the event I or they can	EMERGENCY AGREEMENT I understand that every effort will be made to contact me or other mot be reached, I hereby give permission to the physician selected by the order injection, anesthesia, surgery or other medical procedure necessary for
Signature of Parent/Guardian	Date

