

Release Authorization: Emergency Treatment

I understand that I am required to maintain and carry accidental medical insurance coverage for the participant listed on this application and I verify that the coverage information attached herewith is accurate and true. This required coverage will be in full effect while participating in the program. In case of any emergency, I authorize the staff of Willamette Baseball Camps to obtain whatever medical transport and/or treatment necessary for the welfare of the participant listed on this application. All charges and fees incurred in the rendering of transport or treatment is my responsibility. I am the authorized parent guardian of this minor: And I am legally authorized to sign this release on their behalf.