

MEDICAL INFORMATION

INSURANCE FORM

Name of Applicant: _____

All campers must have their own medical coverage. Campers will not be allowed to play unless the following information is submitted. This form must be signed by the parent or guardian of the camper.

Camper's Insurance Co: _____

Policy No: _____

Subscriber's Name: _____

Phone No: _____

Preauthorization required by company: ☐ yes ☐ no

MEDICAL TREATMENT AUTHORIZATION

I/We, the undersigned, for ourselves, our heirs, executors and administrators, waive, release and forever discharge the Elliott Avent Baseball Camps® and its staff, officers, agents, employees, representatives, successors and assignees of and from all rights and claims for damages, injuries, or loss of person or property which may be sustained or occur during participation in camp activities or while at camp.

Signature: _____ Date: _____

FAMILY PHYSICIAN

Name: _____

Phone No: _____

Address: _____

In case of medical emergency, I hereby give permission to hospitalize, to secure proper treatment for, and to order injection or minor surgery for my child as named above.

Signature of

Parent/Guardian: _____ Date: _____

EMERGENCY CONTACT TELEPHONE NUMBERS:

Name: _____

Phone: _____

Name: _____

Phone: _____

*Additional material and acknowledgement of your registration will be mailed to you upon receipt of your application and \$50 non-refundable deposit.
(Excludes 2008 Weeknight Camps)*

ATTACHMENT A

RELEASE, INDEMNIFICATION, AND HOLD HARMLESS AGREEMENT (WAKE COUNTY, NORTH CAROLINA)

In consideration for the Attendee being permitted to participate in the [insert camp or instruction] from [insert dates] ("Activity"), I do waive and release forever any and all rights for claims and damages I may have against North Carolina State University, its governing board, officers, agents, employees, and Coach AVENT, from and against any and all liability for any harm, injury, damage, claims, demands, actions, costs, and expenses of any nature which Attendee may have or which may hereafter accrue to Attendee, arising out of or related to any loss, damage, or personal injury, that may be sustained by Attendee or by any property belonging to Attendee, whether caused by negligence or carelessness on the part of North Carolina State University, its officers, employees, agents, and Coach AVENT, or otherwise, while Attendee is in, on, upon, or in transit to or from the premises where the Activity, or any adjunct to the Activity, occurs or is being conducted.

I accept, understand, and assume that there is a risk of injury in this Activity, due to the physical nature of the Activity, including but not limited to falls, contact with other participants, and being injured by thrown or batted balls. Attendee agrees to follow all instructions and to wear all necessary, recommended, and appropriate protective gear and equipment.

I understand that this Activity is neither administered nor sponsored by North Carolina State University and that Coach AVENT is providing this instruction or camp outside the scope of his/her employment with the University. I agree to release, hold harmless, and indemnify North Carolina State University, its governing board, its officers, its employees, its agents, and Coach AVENT from any and all claims and liability arising out of the Activity.

Printed Name of Attendee: _____

Signature of Attendee: _____

If Attendee is a minor under the age of eighteen, signature of Parent or Guardian is required:

Signature of Parent or Guardian: _____

Address & Telephone Number:
