

Risk Acknowledgement form
Jonathan Hadra Baseball Camps

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Graduation Year: _____

Primary Position: _____ Secondary Position: _____

Shirt Size (circle one): S M L XL XXL

Emergency Contact Information

Name of Parent _____

Cell Phone _____ Office Phone _____

Medical Insurance Information

Name of Insurance Co. _____

Name of Policy Holder _____

Policy Number _____

Additional Instruction _____

I certify that I am the parent or legal guardian of the camper. I give my permission for the staff of the camp, during the period of the camp, to seek appropriate medical attention in the event of an accident, injury or illness to my camper. I will be responsible for all costs of medical attention and treatment, and have medical insurance to cover these costs. I understand, as with any sport, injuries can occur, and I acknowledge that our child is physically fit and mentally capable of participating in baseball and camp activities.

Signature _____ Date _____