

Camper Registration



Camper: _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Parent Name: _____ Phone Number: _____

Email: _____

Emergency Contact: _____ Phone Number: _____

LIABILITY WAIVER:

My daughter, _____, has my permission, _____ to attend State College of Florida Softball Camp at Parrish Community High School. I have no knowledge of any physical impairment that, would affect or be affected by my child's participation in the State College of Florida Softball Camp. In the event of the need for medical treatment, I give the camp staff permission to act for me to obtain for my child whatever medical treatment the staff in its best judgment deems necessary and appropriate. I specifically consent to such treatment including but not limited to hospitalization and surgery. I acknowledge that at the softball camp my child will participate in a sport that will involve, among other things, physical contact of the body with other persons or objects, including the ground that at the softball camp could result in physical injury. I specifically waive and release and hold harmless the SCF Camp Staff members, the School Board of Manatee County and its employees from liability for any claim for damages which I or my child may have injuries or illness that they may sustain at the softball Camp. I authorize the SCF Camp and PCHS Staff to use my child's name, and or photographs of my child for articles for publicity purposes.

SIGNATURE:

_____ DATE _____

(ADULT SIGNATURE REQUIRED FOR MINORS)