

**SACRAMENTO BARONS ORGANIZATION
REGISTRATION & PARENT/GUARDIAN
AUTHORIZATION FOR CAMP/ACTIVITY AND MEDICAL TREATMENT AND WAIVER**

I, the parent /guardian of _____ hereby give approval for his/her
(Participant's Name)

participation in Barons Camp Activities between **September 4, 2015** and **September 7, 2015**. I understand that activities will be under the general supervision of numerous Barons Coaches and Parents

I assume all risks and hazards incidental to such camp/activity, including transportation to and from the activity, and do hereby waive, release, absolve, indemnify, and agree to hold harmless the Barons Organization, coaches, parent participants, and persons transporting my son/daughter to or from various locations for any claim arising out of any injury to my son/daughter.

However, in the event my son/daughter becomes ill or injured during the camp/activity, I understand reasonable effort will be made to contact me. In the event I cannot be reached, I do hereby give my authorization and consent to any duly licensed physician(s) or hospital(s) selected by the coach, adult leader(s) to provide medical treatment, including without limitation, hospitalization, anesthesia, surgery and medication by injection or otherwise.

I further authorize the physician treating my son/daughter the use of technicians, assistants, nurses, or other personnel deemed necessary to properly care for my son/daughter. I further agree to pay for all such care.

Father - Print Name: _____

(Signature)

Address: _____
Phone: _____ Cell: _____

Mother- Print Name: _____

(Signature)

Address (If different): _____
Phone: _____ Cell: _____
Mother Email: _____ Father Email: _____

Medical Insurance Co: _____ Medical ID #: _____

Doctor's Name: _____ Doctor's Phone: _____

Known Allergies, Medical Conditions and/or Injuries: _____

Camper's Name: _____
Camper's Graduation Year: _____ Camper's T-Shirt Size: _____

I understand that typing my name in the box below constitutes my electronic signature.

Parent's Typed Name/Signature: _____

Date: _____