



## WAIVER FORM

**YOU WILL NOT BE ADMITTED TO PARTICIPATE  
WITHOUT THIS COMPLETED FORM  
PLEASE BRING THIS FORM WITH YOU TO THE CAMP**

### INSURANCE INFORMATION

Carrier Name: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Policy Holder Name: \_\_\_\_\_ Policy Holder Date of Birth: \_\_\_\_\_

**I, the parent of \_\_\_\_\_, give permission for my child to receive emergency medical or surgical treatment and hospitalization if necessary. I understand that every attempt will be made to contact me, or the named person below, before taking this action. I hereby waive and release the Staff, Camp Management and Sponsors from any liability for any injury or illness incurred while at camp. I UNDERSTAND THAT THERE IS A RISK OF INJURY TO MY CHILD AS A RESULT OF CAMP ACTIVITIES, AND KNOWINGLY AND VOLUNTARILY ASUME ALL RISK OF SUCH INJURY. I will be financially responsible for any medical attention needed during camp or resulting from an injury received at camp. My medical insurance shall be the primary medical insurance coverage for any medical treatment – SDSU Summer Softball Camps is insured with excess medical coverage that can be used as a secondary source of coverage or for those who are without primary insurance.**

Parent signature \_\_\_\_\_ Date \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Number: (\_\_\_\_) \_\_\_\_\_

My Phone number while my child is at camp (if different from above):  
(\_\_\_\_) \_\_\_\_\_

Emergency contact person in the event I cannot be reached:

\_\_\_\_\_

Phone number of emergency contact person: (\_\_\_\_) \_\_\_\_\_