

**Duke University Baseball Camps
Medical Waiver**

In order to attend this camp, this form must be *signed by a parent/guardian* and *signed by the participant*.
Your child will not be allowed to participate in a camp at Duke University without this form being completed, signed and turned in at registration.

Participant Name _____ **Date of Birth** _____

Address of parent or guardian: _____

Address **City** **State** **Zip**

School Name _____

EMERGENCY INFORMATION

Person to notify in case of emergency _____
Name Relationship

Emergency Phone: Day () _____ **Night** () _____ **Cell** () _____

Medical Information: Date of last Tetanus Immunization _____ Any allergies to medicine? Yes ___ No ___
If so, list _____

Any current or past health conditions physicians/trainers should be aware of _____

Family Health Insurance Policy Number _____ Health Carrier Name _____

Address of Health Carrier _____
Street City State Zip

I hereby authorize any actions, which may be advised/ recommended by a trainer, physician or other health care provider attending my child during the camp. I acknowledge and understand that my child may sustain physical illness or injury (minimal, serious, or catastrophic), in connection with this camp. I agree to indemnify and hold harmless Duke, its officers, employees and agents from and against any claims for personal illness or injury that my child may sustain during camp, regardless of cause, including negligence on the part of any person identified above. I also give Duke permission to utilize any photograph of my child for promotional use. I also understand that my child must abide by the camp/university rules and regulations developed for this camp. I further understand that my child's failure to adhere to the rules and regulations may result in immediate dismissal from camp, with no refund, and I will be responsible for providing transportation home once I have been notified.

Parent or Guardian (circle relationship): _____
Print Name

Signature Date

CAMPER MUST SIGN BELOW IN ORDER TO PARTICIPATE IN THIS CAMP

I understand that as a participant of this camp I must abide by the camp/university rules and regulations. I also understand that if I fail to adhere to the rules and regulations it may result in my immediate dismissal from camp, with no refund, and my parents/guardians will be responsible for providing transportation home once I have notified them of my dismissal from the camp.

Participant _____
Signature Date

Do Not Mail

IN ORDER TO PARTICIPATE IN CAMP YOU MUST BRING THIS TO REGISTRATION