



All students must provide proof of insurance coverage for any injury or sickness while attending. As a parent, by signing this form, you will authorize the SDSU Baseball Camp to act for you in any emergency, and waive and release the SDSU Baseball Camp from any and all liability for any and all injuries or illnesses sustained while in attendance, or while going to or coming from the school.

NAME: _____

Session registered for: _____

ADDRESS: _____

E-MAIL: _____

CITY: _____

STATE: _____ ZIP: _____

PHONE NUMBER: _____

EMERGENCY # AND NAME: _____

AGE _____ SCHOOL YEAR _____ POSITION _____

LITTLE LEAGUE/SCHOOL _____

INSURANCE COMPANY _____

POLICY NUMBER _____

PARENT SIGNATURE _____

DATE _____

Please fax this document to: Attn: Jody Stevens Baseball

Fax: (619) 594-1674