

Utah Valley Baseball Camp Waiver/Release Form

I hereby authorize the directors of the Utah Valley Baseball Camp to act for me according to their best judgement in any emergency requiring medical attention and I hereby waive and release the camp, the instructors, and Utah Valley Baseball from any illness or injuries incurred while my child is at camp.

I certify that my child has accident insurance adequate to cover any injuries that may be incurred while attending camp. I am aware that I will need to be covered by my own family insurance.

Participant Signature Parent/Guardian Consent Signature	Date
---	------

Player's Name _____

Name of Insurance Company _____

Policy # _____

Emergency Phone # _____

Emergency Contact _____

List medical injuries/conditions _____

Please print and fill out the following form and mail, fax or bring it with you on the first day of camp.

Campers will not be allowed to participate without a signed waiver

Mailing Address:

Utah Valley Baseball

800 W. University Parkway - MS 104

Orem, Utah 84058

Fax # 801-863-8813