

Torreys Baseball Camp

Registration/ Medical Authorization

Name _____ Birth date/Grade _____

Address _____ Phone (h) _____

_____ Phone(c) _____

Parent name _____ Email _____

If you were referred by a player:

Name of player: Yossi Stein

Please check which session(s) attending:

Session I (June 13-16) _____ Session II (July 5-8) _____

Medical authorization

In case of medical emergency, I/we understand that every effort will be made to contact parents or guardians of campers. In the event I/we can not be reached, I/we, the parent(s) or legal guardian(s) of _____, a camper at the **Torreys Baseball Camp**, authorize medical treatment. Such treatment is to be rendered by, or under the jurisdiction of, a duly licensed medical doctor or dentist. You are fully authorized to act in accordance with your judgement in any such emergency and are absolved from any liability or financial responsibility in connection therewith.

Health Insurance Company

Policyholder or Employer

Group or Policy Number

Date of Coverage

Name of Doctor

Phone

Name of Dentist

Phone

Emergency Contact Person

Phone

Relationship

Signature

Date