



TITAN SOFTBALL CAMPS

Registration Form

CAMP DATE: _____

CAMPER'S NAME: _____

CONTACT INFORMATION

ADDRESS: _____

CONTACT EMAIL: _____

CONTACT PHONE: _____

PLAYER INFORMATION

AGE: _____

GRAD YEAR (HS): _____

PRIMARY POSITION (circle ONE choice):

P C 1B 2B 3B SS OF UTL

SECONDARY POSITIONS (circle all that apply):

P C 1B 2B 3B SS OF UTL

TEAM/LEAGUE: _____



TITAN SOFTBALL CAMPS

Authorization of Treatment for a Minor

I/We, the undersigned, parent(s) of a minor, do hereby authorize the Athletic Training Staff of Titan Softball Camps as agent(s) for the undersigned for the purpose of authorizing and signing any consents for any x-ray examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care which is deemed advisable by and is to be rendered under the general supervision of a licensed physician or surgeon on the medical staff of any hospital, or to be rendered by a licensed dentist, as the case may be, whether such diagnosis or treatment is rendered at the office of said physician/ dentist or at said hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of the aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which any physician in the exercise of his best judgment may deem advisable.

I/We hereby authorize any hospital which has provided treatment to the above named minor to surrender physical custody of such minor to my/our above named agent(s) upon the completion of treatment. These authorizations should remain effective until _____, 20__ unless sooner revoked in writing delivered to said agent(s).

Name of Minor

Signature of Parent or Guardian

Date

Revised 12/8/15



TITAN SOFTBALL CAMPS

EMERGENCY INFORMATION

Full Name of Minor _____

Date of Birth of Minor _____

Home Address _____

Home Telephone Number _____

Person to Call in Case of Emergency _____

Relationship to Minor _____

Telephone # of Contact Person _____

Alternate Contact Person _____

Telephone # of Alternate Contact _____

Physician's Full Name _____

Address _____

Physician's Telephone # _____

Name of Family Medical Insurance Policy _____

Policy Number _____

Name & Social Security # of Policy Holder _____

Insurance Address _____

Is a referral required from your Physician for an emergency? _____

Describe in full, any allergies – drug, food, insect bites, etc. (Attach additional sheet if needed) _____



**RELEASE OF LIABILITY, PROMISE NOT TO SUE,
ASSUMPTION OF RISK AND AGREEMENT TO PAY
CLAIMS**

Activity: _____

Activity Date(s) and Time(s): _____
Activity Location(s): _____

In consideration for being allowed to participate in this Activity, on behalf of myself and my next of kin, heirs and representatives, I **release from all liability and promise not to sue** the State of California; the Trustees of The California State University; California State University, Fullerton and their employees, officers, directors, volunteers and agents (collectively "University") from any and all claims, **including claims of the University's negligence**, resulting in any physical or psychological injury (including paralysis and death), illness, damages, or economic or emotional loss I may suffer because of my participation in this Activity, including travel to, from and during the Activity.

I am voluntarily participating in this Activity. I am aware of the risks associated with traveling to/from and participating in this Activity, which include but are not limited to physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, and/or death. I understand that these injuries or outcomes may arise from my own or other's actions, inaction, or negligence; conditions related to travel; or the condition of the Activity location(s). **Nonetheless, I assume all related risks, both known or unknown to me, of my participation in this Activity, including travel to, from and during the Activity.**

I agree to **hold** the University **harmless** from any and all claims, including attorney's fees or damage to my personal property, that may occur as a result of my participation in this Activity, including travel to, from and during the Activity. If the University incurs any of these types of expenses, I agree to reimburse the University. If I need medical treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

I am 18 years or older. **I understand the legal consequences of signing this document, including (a) releasing the University from all liability, (b) promising not to sue the University, (c) and assuming all risks of participating in this Activity, including travel to, from and during the Activity.**

I understand that this document is written to be as broad and inclusive as legally permitted by the State of California. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms.

I have read this document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

Participant Signature: _____

Participant Name (print): _____

Date: _____

If Participant is under 18 years of age:

I am the parent or legal guardian of the Participant. **I understand the legal consequences of signing this document, including (a) releasing the University from all liability on my and the Participant's behalf, (b) promising not to sue on my and the Participant's behalf, (c) and assuming all risks of the Participant's participation in this Activity, including travel to, from and during the Activity.** I allow Participant to participate in this Activity. I understand that I am responsible for the obligations and acts of Participant as described in this document. I agree to be bound by the terms of this document. I agree to provide for and be responsible for, the transportation and care of my child until and immediately following each class session.

I have read this two-page document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

Signature of Minor Participant's Parent/Guardian

Name of Minor Participant's Parent/Guardian (print)

Date

Minor Participant's Name