



Medical Release Form

GAME TIME REGISTRATION

NAME:

Last First

ADDRESS:

CITY: _____ ST: GA ZIP: _____

EMAIL ADDRESS:

BIRTHDATE _____

SCHOOL: _____ GRADE: _____

PARENT/GUARDIAN NAME:

PARENT/GUARDIAN PHONE:

Please circle camp selection:

Baseball Camp Softball Camp One Day Fun Day

PRIMARY POS: _____ SECONDARY POS: _____

- Registration must be accompanied with full payment DUE Friday prior to camp's start date.
- Please make check payable to GAME TIME. Visa, MasterCard, and Discover accepted.
- Parents must provide lunch for campers.
- Optional: Vending machine on site for snacks. Ice Cream truck will be visiting. Prices range \$1 - \$3.50.
- Return this application along with payment to:

9120 Wheat Street Covington, GA 30014 (770) 385-7288

Name: -----

Any allergies to medications: ____ If yes, please list:

Please list any conditions physicians should be aware of:

Emergency Phone Numbers

Person to notify: -----

List all numbers: -----

I herby authorize any medical treatment, which may be advised or recommended by the camp training staff or attending physician of _____ (name) while attending Game Time camps.

All participants require insurance coverage for accidental injury.

Insurance Co: -----

Policy number: _____ Date _____

Parents or Guardian signature: -----

Release and Waiver of Liability (please read carefully)

I _____ (guardian name) understand that an injury may result from participating in camp activities. I hereby release the Game Time camp and the coaching staff and trainers from any and all liability, claims, demands, action and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by my child while participating in such camp related activities, or while in, on, or upon the premises where the activity is being conducted. As the guardian of the above listed camper, I also give permission for any emergency medical care or treatment that may be required, including transportation and accept responsibility for the costs.

Signature ----- Date -----

One registration form per child. Family discounts available.