

**LADY PHOENIX SOFTBALL CAMP  
CONSENT TO PARTICIPATE  
AND MEDICAL RELEASE**

Camp Participant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy No.: \_\_\_\_\_

Legal Guardian's Name: \_\_\_\_\_ Address: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Legal Guardian's Home Phone: \_\_\_\_\_

Day Time Phone: \_\_\_\_\_ Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone No. \_\_\_\_\_

Medical Insurance Coverage: I acknowledge that Sonoraville High School shall not provide medical insurance coverage to my child. My child is covered under my insurance policy. Additionally, I acknowledge that all of the information provided above is current and correct.

Voluntary Consent to Participate: I, the undersigned, do hereby acknowledge that my child, the participant listed below, is physically fit and in a condition to fully participate in all camp activities and it is my wish for my child to participate in all camp activities.

Assumption of Risk: I realize that during the camp, there are several ways that my child could suffer serious injury. During my child's participation in the camp, my child could be exposed to: (a) rigorous exercise, (b) high temperatures, (c) physical contact, (d) exhaustion, (e) and other dangerous conditions. Knowing these risks, which may include serious physical injury, I affirm that my child's participation in the camp is strictly voluntary and I assume the risks associated therewith. I further realize that participating in camp may involve risks and dangers, both known and unknown, and have nonetheless elected to allow my child to participate in all camp activities.

Medical Treatment: If my child is injured during their participation in any camp activities, Sonoraville High may render medical services to my child or request that others provide such services. By taking such action, Sonoraville High is not admitting any liability to provide or to continue to provide any such services and that such action is not a waiver by Sonoraville High of any rights under this release and waiver. Should my child require transport to a medical facility as a result of an injury, I am financially responsible for such transportation and medical treatment costs. If my child is injured during camp, it is my child's responsibility to notify Sonoraville High staff immediately. I hereby hold harmless and agree to indemnify Sonoraville High from any claims, causes of action, damages and/or liabilities, arising out of or resulting from said medical treatment. I further agree to accept full responsibility for any and all expenses, including medical expenses that may derive from any injuries to my Child that may occur during their participation in the Camp. I am the parent of or legal guardian of participant listed below ("my child"), a minor, and do hereby authorize any one or more of Sonoraville High, its administrators, faculty, and staff as agents for myself in my absence to consent for treatment and medical care which is deemed advisable by and is to be rendered to my child under the general or special supervision of any physician or surgeon licensed under the provisions of the Medical Practice Act on the medical staff of any hospital whether or not such diagnosis or treatment is rendered at the office of said physician or at said hospital.

**A PARENT OR GUARDIAN MUST SIGN THIS FORM FOR A MINOR CHILD.**

**Participant Name** \_\_\_\_\_ **Participant Signature** \_\_\_\_\_

**Parent Name** \_\_\_\_\_ **Parent Signature** \_\_\_\_\_

**Date** \_\_\_\_\_