

Softball Camp, January 12, and February 9, 2008
Insurance Verification and Waiver Form

Student Name _____

Parent or Guardian Name _____

Address _____

City, State, Zip _____

Home Phone _____

Mother's Work Phone _____

Father's Work Phone _____

In case parent or guardian cannot be reached, please call:

Name _____ Phone _____

Does your child have any health problems such as medications, asthma, diabetes, allergies, or special problems which require special attention? _____ If so, please describe.

Family Physician _____ Phone _____

If the above is not available, may we call another? _____yes _____no

Insurance Company _____

Policy Number _____

I hereby give authorization to the coach or trainer to stand in as a parent or guardian in the event of an emergency situation. _____yes _____no

A participant's parent or guardian is responsible for costs incurred as a result of an accident or injury. Participants at the Swing for Life may be involved in strenuous physical activity. RHSM will not be held responsible or liable for an accident or injury to a participant unless there is negligence on our part.

"I have read and understand the information on this form. I accept financial responsibility for all accident or injury-related cost which are not covered by my health and/or accident insurance."

_____ Date: _____

Student's Signature

Parent or Guardian's Signature