



**Release of Liability for:**

Childs Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Medical Card Number: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Witness Signature: \_\_\_\_\_

Permission to play baseball and other camp activities: I give permission for my child to participate in the Big League Experience Baseball/Softball camp training sessions and release administrators, coaches, and all personnel from any liability while in attendance at the camp. I also certify that he or she is covered by a government and/or private health and accident insurance plan. I hereby authorize the personnel of the camp to take care of our child in case of emergency.

Please list the camp date your child is attending \_\_\_\_\_