

Sheppard Baseball School

Summer Camp Health Fact Sheet

CAMPER'S NAME _____ BIRTH DATE _____

ADDRESS _____

PARENT / GUARDIAN'S NAME _____ RELATIONSHIP _____

HOME PHONE _____ WORK PHONE _____

EMERGENCY CONTACT (OTHER THAN PARENT / GUARDIAN) _____

RELATIONSHIP _____ PHONE _____

INSURANCE CARRIER _____ POLICY NUMBER _____

WEEK 1: _____ WEEK 2: _____ WEEK 3 : _____ WEEK 4: _____

WAIVER / RELEASE: I hereby agree to let my child participate in this camp. I understand that there are certain risks of injury inherent in the practice and play of these sports/activities, as well as in traveling and other related activities incidental to my participation, and am willing to assume these risks. I hereby certify that my child is fully capable of participating in the sports/activities, and that he / she is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in this camp, except as included in writing in his / her application. In addition to giving full consent for my child's participation, I do hereby waive, release and hold harmless Mike Sheppard Baseball Camp Inc., it's officers, coaches, sponsors, partners, supervisors and representatives for any injury that may be suffered in my child in the normal course of participation in the sport and the activities incidental thereto, whether the result of negligence or any other cause. The law requires that parental permission be obtained for the procedures on minors. This release allows for such procedures to be promptly carried out, and so that no unnecessary delays will occur with operative procedures. HOWEVER, NO OPERATION WILL BE PERFORMED, EXCEPT IN AN EXTREME EMERGENCY, WITHOUT PARENTS BEING CONTACTED AND FULLY INFORMED. I grant the camp permission to use photographs of my child in future promotional materials.

DATE: _____ SIGNATURE: _____ RELATIONSHIP: _____

PERSONAL HISTORY: All medical information is strictly confidential. Please provide details of all positive answers under remarks.

	YES	NO	YES	NO
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Allergy to any medications			Seizure Disorder	
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(specify medication & reaction under remarks)

Serious reaction to insect bites

Migraine Headaches

Hayfever, hives, seasonal allergies

Joint injury or disease

Hepatitis

Diabetes

Heart murmur or any other heart disorder

Disabling loss of vision, hearing

Kidney stones or history of kidney disease

High Blood Pressure

Thyroid or endocrine disorder

Anemia; including Sickle Cell Anemia

Colitis, irritable bowel or Crohn's Disease

COVID

PLEASE LIST ANY MEDICATIONS YOU USE ON A REGULAR BASIS (INCLUDE AMOUNT AND USAGE PER DAY) :

