

# *Northwestern Softball Camp 2017*

## *Registration and Emergency Release Form*

**Waiver and agreement apply to all Northwestern Softball camps in the year 2017.**

\*Registration is subject to availability.

\*You will receive confirmation upon receipt of your registration form.

Camper's Name: \_\_\_\_\_ Primary Position: P C IF OF U

Parent's Names: \_\_\_\_\_ Email: \_\_\_\_\_

Home Town: \_\_\_\_\_ Grade (going into): \_\_\_\_\_ DOB: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact/relationship: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Allergies/Medications:

***Waiver and Release:*** In consideration of the acceptance of the camper, we the undersigned, for ourselves, our heirs, executors, and administrators agree to be legally bound to the terms and conditions hereinafter set forth. We hereby give our consent and approval to the participation of the applicant in the program conducted by Coach Kate Drohan, staff, & Northwestern University, and certify that she is physically fit to take part in all activities. Further, we do hereby waive, release, and forever discharge said organizations, its staff, agents, representatives, employees and the successors and assign from any and all claims for damages occurring from accident, injury to person, or loss of personal property occurring during her stay at camp, her participation in all activities, or arising from her travel to or from camp.

**Signature of player**

**Date**

\_\_\_\_\_

**Signature of parent of guardian (if player is under 18 years of age)**

**Date**

\_\_\_\_\_

***Medical Emergency Agreement:*** In case of a medical emergency involving my child/ward, I understand that every effort will be made to contact me or other parent/guardian/alternate person. In the event I or they cannot be reached, I hereby give permission to the physician selected by the camp to hospitalize, to secure proper treatment for, and to order injection, anesthesia, surgery or other medical procedure necessary for my child.

**Signature of Parent/Guardian:**

**Date:**

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