

***If you already have a school physical you can attach it to this one and fill out and sign this one at the bottom.

REDFERN HEALTH CENTER

CLEMSON UNIVERSITY
SPECIAL GROUPS AND CAMPERS

RECEIPT # _____

FALL CAMP PHONE NUMBER (864) 656-1691 (7:00PM-10:00PM)

FALLCAMPFAX NUMBER (864) 656-7324

(Return when you come to camp or return to: P.O. Box 283, Clemson, SC 29633)

Please print: Complete all information where applicable.

Name of Special Event? Group Attending: **Clemson Baseball Camp**

Participant's Name: _____

Address _____ Social Security No. _____

_____ Date of Birth _____

_____ Male _____ Female _____

Full Name of Parent/ Guardian: _____

(Address, if different from above) _____

Home Telephone: () _____

If not available in an emergency, notify _____

Parent(s) signature (indicates you have accident insurance):

Name and address of your insurance company: _____

Insurance Co. Policy #: _____

Medical History

(To be completed by Parents or Self)

A. List all medications patient is currently taking

B. List all medical conditions currently under treatment

C. Does patient have loss of a paired organ, i.e., kidney, eye?

Yes _____ No _____

If yes, list _____

D. Is patient allergic to any medications?

Yes _____ No _____

If yes, list _____

E. Date of 1st tetanus immunization: _____

I hereby state that the CLEMSON BASEBALL CAMP is not responsible for any pre-existing injury or reoccurrences of any undisclosed pre-existing injury or illness of the above camper prior to the first day the camper registers.

**

SIGNED _____

RELATIONSHIP _____

DATE _____

Both this form and the waiver on the next page must be returned in order to register for camp!!

**CONSENT FOR MEDICAL TREATMENT/ PARENTAL PERMIT
RELEASE OF MEDICAL INFORMATION**

The law requires that permission be obtained for operative procedures on minors. The following consent form should be signed by the parents so that such procedures may be promptly carried out, and so that no unnecessary delays will occur with operative procedures. However, no operation will be performed, except emergency, without parents being contacted and fully informed.

I give my permission for such diagnostic, therapeutic, and operative procedures as may be deemed necessary for my son/ daughter.

I authorize release of any medical information to process insurance claims and request of any medical information to process insurance claims and request payment of benefits to the physician or supplier for service described. I understand that should the insurance not cover this illness/ injury, I will be responsible for payment in full of any charges incurred.

** SIGNED _____

RELATIONSHIP _____

DATE _____

PHYSICIAN'S STATEMENT

I hereby certify that I have examined

And found him/ her physically fit to attend and participate in the camp and I know of no impairments which would limit his/ her participating.

DATE EXAMINED: _____

** Physician's signature: _____

ADDRESS: _____

TELEPHONE: _____

WAIVER AND RELEASE OF LIABILITY AND/OR NEGLIGENCE

In consideration of being allowed to participate in any way in the Jack Leggett Baseball Camp and related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. There is a risk of injury from the activities involved in this program, including the remote potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce the risk of serious injury and does not exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF OTHER ACTS OR OMISSIONS OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the customary terms and conditions for participation including compliance with all oral and written instructions. If however, I observe unusual and/or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives, family and next of kin, HEREBY RELEASE AND HOLD HARMLESS CLEMSON UNIVERSITY, JACK LEGGETT, JACK LEGGETT BASEBALL CAMP, INC., ALL CAMP INSTRUCTORS, their officers, trustees, board members, agents and/or employees, other participants, sponsoring agencies, sponsors, advertising, and, if applicable, owners and lessors of premises used to conduct the event ("Releases"), WITH RESPECT TO ANY AND ALL CLAIM, DEMAND OR CAUSE OF ACTION ARISING FROM ANY INJURY, ILLNESS, DISABILITY, DEATH or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR ANY OTHER ACTS OR OMISSIONS OF THE RELEASEES.
5. I, for myself and on behalf of my heirs, assigns, personal representatives, family and next of kin, hereby agree to indemnify, hold harmless and covenant not to sue the persons and entities hereby released against any loss, costs, damages, liens, expenses (including attorneys' fees), lawsuits, claims, procedures, actions or other liability claimed or imposed upon the persons or entities hereby released for any property damage or loss, personal injury of any kind, illness and/or death, whether arising from the negligence of the Releasees or otherwise.
6. The undersigned further expressly agrees that the foregoing waiver and assumption of risk agreement is intended to be as broad and inclusive as is permitted by the law of the State of South Carolina and that if any portion thereof is held invalid, it is expressly agreed that the remaining terms and conditions shall, notwithstanding, continue in full legal force and effect. The undersigned further agrees that this Agreement will be construed under the laws of the State of South Carolina.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT AND FULLY UNDERSTAND ITS TERMS. I FURTHER UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND FULLY INTEND THIS AGREEMENT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY OF THE ABOVE RELEASEES TO THE GREATEST EXTENT ALLOWED BY LAW. I SIGN THIS AGREEMENT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Participant's Signature _____ Date _____

Participant's name, printed _____

***** FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT TIME OF REGISTRATION) *****

I hereby authorize enrollment of my child in the Clemson Jack Leggett Baseball Camp. I further certify that I, as parent/guardian with legal responsibilities for this participant, do consent and agree to his/her release of all the Releasees as provided above, and for myself, my heirs, my family and next of kin, I release and agree to indemnify the Releasees from any liabilities incident to my minor child's involvement and participation in these programs as provided above, EVEN IF ARISING FROM THE RELEASEE'S NEGLIGENCE. I fully understand the terms and conditions of this Agreement as set forth above and expressly agree to be bound by the foregoing terms and conditions.

Parent/Guardian Signature _____ Date _____

Parent/Guardian's name, printed _____

Note: A fully signed copy of this Agreement must be received before the Participant is allowed to take part in any activity
www.clemsonbaseballcamp.com