

APPLICATION FOR ADMISSION

Camper Name: _____
Home Phone: _____ Emergency Phone #: _____
Street Address: _____
City: _____ State/Zip: _____
Parent/Guardian Name: _____
School Name: _____
Grade: _____ Age: _____ Position: _____ T-Shirt Size: Child S _____ M _____ L _____ XL _____
Adult S _____ M _____ L _____ XL _____

Date of Camp: July 10-12 _____ \$75 All campers receive a T-shirt and snack

Payment Enclosed: \$ _____ Pay at Camp: \$ _____

Make checks payable to SFSC Baseball and mail to: SFSC Baseball Camp *Prior to May 31
Attn: Rick Hitt
600 W. College Drive
Avon Park, FL 33825

AGREEMENT FOR CAMPUS ACTIVITY

SFSC Baseball Camp Where the word College appears, it shall mean South Florida State College.
Athletic Department

TO STUDENTS AND THEIR PARENTS:

The two agreements below are designed primarily to protect our group members in the event that an emergency might require the immediate action parents would take if they were present. These agreements are, as a precaution, to provide the necessary emergency medical treatment or any other contingency that may arise from this activity.

In the years the College has been sponsoring campus activities, incidents of the type covered by these agreements have been negligible. However, parents would not wish their child to join a group under the auspices of an organization which disregarded even the remotest contingency. We recommend that you read the provisions of this agreement carefully, and, if not fully understood, please consult with your attorney.

RELEASE

I do willingly execute this release in consideration of the educational benefit to be derived by me from my participation in the SFSC Baseball Camp, a College-sponsored activity. I hereby release from liability and hold the College harmless from any and all claims and causes of action which might be brought by me or by my parents or dependents, for loss of property, personal injury or death sustained by me arising out of any travel or activity conducted by, or under the control of the College. It is understood that College, as used herein, shall include the employees, administrators, agents, and Board of Trustees of the College.

Signature of Student

I HEREBY APPROVE THE FOREGOING AGREEMENT AND JOIN IN THE FOREGOING RELEASE.

Signature of Parent or Guardian

PERMISSION FOR EMERGENCY TREATMENT

On rare occasions, an emergency requiring hospitalization, surgery, and/or other medical treatment develops. Since, in some countries/states, students under 18 years of age might not be administered anesthesia or operated upon without the written consent of a parent or guardian, we request that you as the parent(s) or guardian sign the following statement if the student/camper is under the age of 18.

This is to prevent a dangerous delay should an emergency occur and we are unable to contact you.

In the event of injury to me/our child

Student's Name (Camper) _____ born _____,
Month/Day/Year

I/We hereby authorize a College representative to obtain and give consent to any medical treatment the representative deems necessary, including the administration of an anesthesia and surgery, and do hereby release the College and the representative from any and all claims which may arise from the representative's obtaining and consenting to say medical treatment.

Signature of Student/Camper

Signature of Parent or Guardian

Consent for Use of Photograph

The undersigned has consented to being photographed and the public release of those photos for program recognition.

Name (Camper)

Signature of Parent or Guardian
(If minor, under age 18)