

**Starting Line Up Baseball Camp Registration · August 2-6, 2010**  
**Holbrook Palmer Park, Atherton**

**Release Authorization for Emergency Treatment – Acknowledgment/Assumption of Risk**

I understand and acknowledge that participation in a sports camp, by its very nature, poses the potential risk of serious injury/illness to individuals who participate. I agree to assume liability and responsibility for any and all potential risks associated with participation in such sports camp.

In case of an emergency, I authorize the staff of Starting Line Up Baseball Camp (“Starting Line Up”) to obtain whatever medical treatment as deemed necessary for the safety and welfare of the child listed below. I understand that the resulting expenses will be my responsibility.

I understand and acknowledge and agree that Starting Line Up, its officers, employees, agents, or volunteers shall not be liable for any claims as a result of personal injury, accidents or illnesses, and/or property loss which is incident to or associated with participating in a Starting Line Up sports camp, whether the result of negligence or any other cause.

I have read this release and acknowledgment, and that I understand and agree to its terms.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Legal Guardian

**Emergency Contact Information**

\_\_\_\_\_  
Name of Minor

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Home Address of Minor

\_\_\_\_\_  
Home Phone of Minor

\_\_\_\_\_  
Parents’ Names

\_\_\_\_\_  
Email

\_\_\_\_\_  
Person to Contact in Emergency/Relationship to Minor

\_\_\_\_\_  
Phone Number

**Medical Information**

\_\_\_\_\_  
Insurance Company & Group Number

\_\_\_\_\_  
Physician’s Name & Phone Number

Describe any allergies, limitations in activity or physical disabilities:

\_\_\_\_\_  
**Please mail \$200 check payable to Starting Line Up Baseball to:  
528 Chesterton Avenue, Belmont, CA 94002**

**[www.startinglineupbaseball.com](http://www.startinglineupbaseball.com) · (650) 201-3480**