



# Billings American Legion Post #4 Royals and Scarlets Baseball Training Camp Consent Form



### Participant Information

The athlete and parent must fill this form out prior to attending the camp. Please include this form with the proper camp fee amount. The Billings American Legion Program has devised this camp in an effort to improve Billings' athletes, enhance community interest and promote the benefits of enjoying America's favorite pastime—BASEBALL.

Participant's Age: \_\_\_\_\_

Participant's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ City: \_\_\_\_\_

Zip: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ **T-Shirt Size (check one):**

Email address: \_\_\_\_\_

<input type="checkbox"/> Youth Medium	<input type="checkbox"/> Adult Small
<input type="checkbox"/> Youth Large	<input type="checkbox"/> Adult Medium
	<input type="checkbox"/> Adult Large

### Parent's Consent and Release Form

**The parent or guardian must fully complete and sign this form. Where the parents are divorced, a parent having legal custody that was established by a court must sign this form.**

1. I/We have read and confirmed the above information and agree to allow my son/daughter to participate in the American Legion Baseball Camp.
2. I/We understand and acknowledge and appreciate the risks and dangers involved in allowing our son/daughter to participate in the American legion Camp and I/We assume all risks of injury and damage incident to his/her participation in the American Legion Camp I/We further in consideration of the privilege to attend this camp, **hereby release and relinquish The American Legion Program, its officers, agents, their representative, employees, and officials of and from all claims, demands, actions and cause of action of any sort, for any injuries sustained by our son/daughter.**
3. **I/We release, discharge and agree not to sue the American Legion Baseball Programs. I/We further agree that I/We shall hold harmless and fully indemnify The American Legion, its officers, employees, or any person connected with the team, its agents, coaches, and managers.**

Finally, I/We agree in the event of illness or injury to my son/daughter during the American legion Baseball Camp. I/We hereby give consent for the performance of such diagnostic, medical and/or surgical treatment on my child as may be deemed medically necessary in order to assure the safety of my child.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Relationship: \_\_\_\_\_

Participant's Signature: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Family Physician & Phone: \_\_\_\_\_ Hospital Preference: \_\_\_\_\_

Medical Insurance Company & Policy #: \_\_\_\_\_

**MAIL THIS FORM AND YOUR CHECK TO:**

**Greg Steffanich  
P.O. Box 50954  
Billings, MT 59105**