

## RELEASE FOR MEDICAL TREATMENT

Application must be completed, signed and returned before season starts or as soon as possible, and prior to player participation. Since our players on our team are under 18 years of age, it is necessary that a doctor have permission to administer treatment in the event of an accident or sudden illness.

**Player/Participant Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

List any conditions that physicians or coaches should be aware of:

\_\_\_\_\_

Phone number for emergencies:

**DAY** \_\_\_\_\_ **NIGHT:** \_\_\_\_\_

I hereby authorize any medical treatment which may be advised or recommended by the attending physician or (participant's name) while playing for/with the Illiana Thunderbolts in 2018.

## INSURANCE COVERAGE

Illiana Thunderbolts will provide limited secondary coverage which is included as a participant of the Illiana Thunderbolts in 2018 through the CABA association.

Coverage is subject to policy terms, conditions, limitations and exclusions.

## RELEASE AND WAIVER OF LIABILITY

(PLEASE READ CAREFULLY BEFORE SIGNING)

The undersigned hereby acknowledges that participation in the Illiana Thunderbolts 2018 Baseball Program which includes, but not limited to, indoor winter camp, spring season, summer season, fall ball, tryouts, evaluations, and related activities involves an inherent risk of physical injury, and the undersigned, on behalf of the registrant, hereby assumes all such risk and does hereby release and forever discharge the camp and all volunteers, employees and agents thereof from any and all known liability of whatever kind of nature, arising from and by reason of any and all known and unknown, foreseen and unforeseen body and personal injuries, damage to property, and the consequences thereof, resulting from the registrant's participation in or involvement with the Illiana Thunderbolts Travel Baseball organization, including any failure of equipment or defect on the premises.

## PHOTOGRAPHY

Photographs taken at the camp may be used in future years and can possibly be used for providing general information about the program.

I hereby state that I am the legal guardian of \_\_\_\_\_.

(print players/participants name)

**DATE:** \_\_\_\_\_

**PARENT/GUARDIAN NAME (PLEASE PRINT)** \_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_

**DATE SIGNED** \_\_\_\_\_