

SAN JOSE GIANTS



2009 SAN JOSE GIANTS BASEBALL CAMPS

Please submit a separate application, waiver and treat & transport form for each participant. PLEASE PRINT CLEARLY - Incomplete or illegible forms will not be processed. Please submit this form by Fax, Mail or Delivery, deposit must be submitted at time of enrollment.

PARTICIPANT CONTACT INFORMATION

Participant Name _____ Birth Date _____ Parent Name _____ League or Team Name (if applicable) _____

Address City St Zip _____

Home Phone _____ Cell Phone _____ Email _____

How did you hear about these camps?

EMERGENCY/MEDICAL INFORMATION

Alternate Emergency Contact Name _____ Phone _____

Doctor's Name _____ Phone _____

Medical, Physical or Emotional Conditions (including allergies and disabilities)? Yes No

If **Yes**, please provide information: _____

Medications: Yes No If **Yes**, please list Medications below (Including inhalers):

SAN JOSE GIANTS



Is your child up-to-date on all state-required Immunizations? Yes No

If No please explain: _____

Please list any other health information relevant to camp participation

CAMP SELECTION

For each selection, please indicate the price in the total box.

DATE SELECTION	PRICE	TOTAL
<input type="checkbox"/> Monday June 29 th – Thursday July 2 nd	\$295	
<input type="checkbox"/> Extra Practice Monday June 29 th – Thursday July 2 nd	\$50	
<input type="checkbox"/> Monday August 10 th – Thursday August 13 th	\$295	
<input type="checkbox"/> Extra Practice Monday August 10 th – Thursday August 13 th	\$50	
		TOTAL:

PAYMENT INFORMATION

Total Payment Enclosed \$ _____

Payment Type: *(Please select one from below)*

- American Express
 Discover
 MasterCard
 Visa
 Check Enclosed
(Payable to San Jose Giants)

_____ Account #

_____ Exp. Date

_____ Security Code

_____ Signature

Please Mail, Fax, or Deliver completed enrollment form, waivers and payment to:

San Jose Giants • Office Attn: Youth Camp • P.O. Box 21727 • San Jose, CA 95151 • (408) 297-1453 FAX



CLINIC RELEASE WAIVER

Participant Name: _____

Parent/Guardian Name: _____

Address: _____

City: _____

ST: _____

ZIP Code: _____

Phone: _____

Email Address: _____

PARTICIPANT RELEASE OF LIABILITY

****READ BEFORE SIGNING****

In consideration of being allowed to participate in any way in the San Jose Giants 2009 Summer Baseball Camps, related events and activities, I, _____ (Parent/Guardian), the undersigned, acknowledge, appreciate, and agree that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If however I observe any unusual 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 on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS THE SAN JOSE GIANTS, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event ("Releases"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Release, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Release's from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

PARENT/GUARDIAN'S SIGNATURE

EMERGENCY PHONE # (S)

DATE SIGNED

SAN JOSE GIANTS



AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR

(I/We), the undersigned parent(s)/guardian(s) of _____, a minor, do hereby authorize the San Jose Giants staff or attending medical personnel as agent(s) for the undersigned to consent to any X-ray examinations, anesthesia, medical or surgical evaluation, diagnosis, and/or treatment, or hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of, any physician and/or surgeon licensed under the provisions of the Medical Practices Act, California Business and Professions Code §2000 et. seq.; or any X-ray examination, anesthetic, dental or surgical diagnosis or treatment, or hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of, any dentist licensed under the provisions of the Dental Practices Act, California Business and Professions Code §1600 et. seq.

(I/We) understand that this authorization is given in advance of any specific diagnosis, treatment or hospital care to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which aforementioned physician or dentist, in the exercise of his/her best judgment, may deem advisable. This authorization is given pursuant to the provisions of California Family Code §6910.

(I) (We) hereby authorize any hospital, which has provided treatment to the above-named minor pursuant to the provisions of California Family Code §6910, to surrender physical custody of such minor to (my) (our) above named agent(s) upon the completion of treatment. This authorization is given pursuant to California Health and Safety Code §1283

This authorization also grants to my agent(s) the power to sign for release of information to any third party payers who may be responsible for part or all of the cost of the services provided. This authorization shall remain effective to 12/31/08, unless sooner revoked in writing delivered to said agent(s).

Signature

Date

Patient Information for Minor Listed Above

Patient's Name: _____ Date of Birth: _____

Home Address: _____

Primary Insurance Company: _____ Carrier's Name: _____

Carrier Address (if different from above): _____

Insurance ID #: _____ Group # _____



SAN JOSE GIANTS SUMMER BASEBALL CAMP PARTICIPANT AGREEMENT

- This health history is correct so far as I know, and my son/daughter has permission to engage in all prescribed camp activities, except as noted by me. My son/daughter is in good health.
- I understand that I am required to have accidental medical coverage for the child listed on this application, and I verify that the information provided on this form is accurate and true. I understand and agree that if I do not have accidental medical coverage for the child listed on this application, I will be financially responsible for all charges and fees incurred in the rendering of said treatment
- I understand that at the discretion of camp/program supervisor and/or staff my child may be dismissed from the camp/program, without refund, for inappropriate behavior.
- I understand that at the conclusion of the scheduled camp/program time, the San Jose Giants are no longer responsible for my child.
- I give permission to use, reprint, and produce any photographs or videos taken of me or my child and written materials supplied by me or my child in the form of evaluations during the San Jose Giants Summer Baseball Camps. I understand that such material will be used for camp marketing purposes.

Parent/Guardian Signature

Participant Name

Date

