

2009 Patuxent Baseball Camp Registration Form

Email address to which the following information will be confirmed

Last name First Name Middle Initial

Home Address

City State Zip Home Phone

Emergency contact name Emergency contact phone

Height Weight Age Grade :(next fall) Position

Mother's name Mother's phone

Father's name Father's Phone

Shirt size: S M L XL XXL XXXL ADULT or CHILDREN'S

Total Amount Enclosed: _____

Have Questions? Contact KEITH POWELL
Home - (410) 326-4234
Cell - (301) 481-7997
powellk@calvertnet.k12.md.us

Make all checks payable and mail to:
PHS Baseball
12485 ROUSBY HALL ROAD
LUSBY, MD 20657

2009 Medical Release Form

Last Name First Name Middle Initial

() ()
Mother's Daytime Phone Father's Daytime Phone

In the event that I am unavailable for the purpose of providing parental consent, I hereby authorize the physician(s) and staff at the local hospital to provide such care that routine diagnostic procedures and medical treatment as necessary to my minor son/daughter. I understand the consent and authorization herein granted do not include major surgical procedures and are only valid during camp.

This camp does not provide medical insurance for campers. In the event of illness or injury requiring treatment or hospitalization, family medical insurance must be used. Parents will be billed directly for any medical care given at the local hospital.

Physical conditions that the physician should be aware of: allergies, recurring illness, disabilities, chronic illness, etc.

I understand that I will be contacted during the child's examination in the emergency department.

If I am not available, contact: _____ Phone: () _____

My family physician is: _____ Phone: () _____

Insurance Company Name: _____

Policy Number: _____

Group Number: _____

Father or Mother's name that the insurance is under: _____

Insured Birthdate: _____

Parent/Guardian's Name (Please Print)

Signature

Date