



SOFTBALL CAMPS @ UAB

by Marla Townsend's Fastpitch School, Inc.



Medical Release

I, the undersigned parent or guardian, do hereby authorize the athletic trainer or coaches at the Softball Camp hosted by Marla Townsend's Fastpitch School at UAB to secure any and all medical treatment in the event that I cannot be contacted. I further authorize any attending physician to administer appropriate medical attention, which he/she may deem necessary, in the event of any accident, illness or injury. I will be responsible for any and all costs of medical coverage and treatment provided not covered by insurance. It is understood that, in any event, an attempt will be made to contact the parent/guardian before treatment is started.

Print Camper's Name _____

Parent/Guardian Signature _____

Date ____/____/____

Emergency Phone Number _____

Physician's Statement:

I hereby certify that: _____ has no restrictions which would prevent her from active and full participation in any and all activities related to the Camp.

Physician's Signature: _____

Date: ____/____/____

*****A copy of a recent physical is acceptable in lieu of physician signature**