



Release of Liability for:

Childs Name: _____ Contact Name: _____

Emergency Contact: _____ Telephone Number: _____

Medical Card Number: _____ Date: _____

Signature: _____ Witness Signature: _____

Permission to play baseball and other camp activities: I give permission for my child to participate in the Big League Experience Baseball/Softball camp training sessions and release administrators, coaches, and all personnel from any liability while in attendance at the camp. I also certify that he or she is covered by a government and/or private health and accident insurance plan. I hereby authorize the personnel of the camp to take care of our child in case of emergency.

Please list the camp date your child is attending _____