

2018 GRASSBL CAMP FORMS

HEBERT HITTING

Please return the following forms to Hebert Hitting as soon as you can. If you are not able to complete form by July 1, please email hebert143@aol.com to make arrangements.

Mike Hebert 585-259-0659 Mailing address: 143 Curtice Park, Webster, NY 14580

Checks payable to Mike Hebert

Camper Name _____

Parent Name _____

Daytime Phone _____ Alternate Phone _____

CAMP ATTENDING:

TUESDAY SOFTBALL CAMP AGES 9-12 10am to 2pm 225.00

- July 3rd, July 10th, July 17th, July 24th, July 31st, August 7th.

THURSDAY SOFTBALL CAMP AGES 12-16 10am to 2pm 225.00

- July 5th, July 12th, July 19th, July 26th, August 2nd, August 9th

CAMP FORMS ENCLOSED: Please return the following to Hebert Hitting

Parent Guardian Info

Liability Waiver (This camp is insured but you must fill out a waiver)

GRASSBL CAMP FORMS
HEBERT HITTING
PARENT GUARDIAN INFO

Camper Name _____
Parent Name _____
Home # _____ Work# _____ Cell# _____
Parent Name _____
Home # _____ Work# _____ Cell# _____
Emergency Contact _____ Phone _____ Phone _____

GRASSBL will not refund monies for sickness or if player decides to attend another camp for the day or you simply don't come. We will refund money if you communicate to us that your child cannot come before camp starts.

Parent Name _____

Parent Signature Required _____

Hebert Hitting
Participation Waiver and Medical Authorization

Participant _____
Travel Program and Age _____
School team played on and level _____

The purpose of this form is to give permission for my son or daughter to participate in a youth sport or activity sponsored by Hebert Hitting. It is also the purpose of this form to enable parents or guardians to authorize the providing of emergency medical treatment for their child who is injured or becomes ill while participating in any activity, event, or practice in the event a parent or guardian cannot be reached.

This acknowledges that I/We, the undersigned, parents(s) or legal guardians(s) of _____ (participant) recognize the potentially hazardous nature of youth sports and that an injury might be sustained. In the event of such an injury to my child where I/We cannot be contacted, I/We give permission to a licensed physician to render such treatment as would be normal and agree to pay the usual charges for such treatment.

I/We release Hebert Hitting, its employees, its agents, its volunteers, and any owned, loaned, or leased facilities from any liability in regards to any personal injuries or damages caused by or resulting from my child's participating in this activity. I/We understand that this release applies to any present or future injuries. We agree to hold harmless Hebert Hitting, its employees, its agent, its volunteers, and any owned, loaned, or leased facilities in relation to my son/daughters participation.

I/We further certify that to the best of my knowledge there is no medical reason why my son or daughter cannot safely participate in said sports activities unless noted below and that I/We and my child agree to abide by all the rules and regulations of the sport, the facility and the organization.

Parent/Guardian #1 Name/Signature _____
Parent/Guardian # 2 Name/Signature _____
Home Address _____
Email Address _____
Cell Phone #1 Name _____ Number _____
Cell Phone # 2 Name _____ Number _____
Home Phone Mother _____ Home Phone Father _____
Family Physician _____ Phone Number _____
Emergency Contact _____ Phone Number _____
Insurance Company _____ Name on Policy _____
Policy Number _____ Copy of Insurance Card Y N
Medical Conditions (allergies, medications, chronic illness, EPI Pen or other issues)

