

CONSENT AND RELEASE

I know and understand that there are inherent dangers in the sport of baseball. Therefore, I hereby authorize the director(s) of The Newsome Baseball Camp to act for me in their best judgement in any emergency situation requiring medical attention to my child. I know of no physical or mental conditions which effect my child's ability to safely participate in this camp. I understand that the camp's insurance coverage is only secondary coverage and that I must have primary insurance coverage for my child in order for him/her to participate. My signature on this application also indicates that he/she has had an athletic physical within one year of the scheduled camp date and that his/her doctor has cleared the camper for athletic competition with no limitations.

DATE: _____

(Parent/Guardian Signature)