

# VERMONT BASEBALL SCHOOL HEALTH & LIABILITY FORM

*Please print in ink or type*

This form must be completed in FULL, including signatures of parent or legal guardian, and sent in by the deadline to the Vermont Baseball School: Bill Currier 234 Everbreeze Dr Colchester VT 05446

Campers will NOT BE ALLOWED to participate without the completed health and parental release forms.

Camp Week (1 or 2): \_\_\_\_\_ Date (s) of camp: \_\_\_\_\_

Camper's Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Last) (First)

### Medical History (please check fr "yes")

|                          |                          |               |                          |                 |                          |
|--------------------------|--------------------------|---------------|--------------------------|-----------------|--------------------------|
| German Measles (Rubella) | <input type="checkbox"/> | Scarlet Fever | <input type="checkbox"/> | Diabetes        | <input type="checkbox"/> |
| Measles                  | <input type="checkbox"/> | Chicken Pox   | <input type="checkbox"/> | Epilepsy        | <input type="checkbox"/> |
| Mumps                    | <input type="checkbox"/> | Pneumonia     | <input type="checkbox"/> | Heart condition | <input type="checkbox"/> |
| Other: _____             |                          |               |                          | Heat Illness    | <input type="checkbox"/> |

### Immunization History

Are the following immunizations up to date?

MMR \_\_\_\_\_  
Diphtheria \_\_\_\_\_  
Tetanus \_\_\_\_\_  
Polio Vaccine \_\_\_\_\_  
Pertussis (Whooping Cough) \_\_\_\_\_

### Allergies

|               | Yes                      | No                       |              | Yes                      | No                       |
|---------------|--------------------------|--------------------------|--------------|--------------------------|--------------------------|
| Peanut        | <input type="checkbox"/> | <input type="checkbox"/> | Sulpha       | <input type="checkbox"/> | <input type="checkbox"/> |
| Asthma        | <input type="checkbox"/> | <input type="checkbox"/> | Penicillin   | <input type="checkbox"/> | <input type="checkbox"/> |
| Eczema        | <input type="checkbox"/> | <input type="checkbox"/> | Antibiotic   | <input type="checkbox"/> | <input type="checkbox"/> |
| Insect Stings | <input type="checkbox"/> | <input type="checkbox"/> | other: _____ |                          |                          |
| other: _____  |                          |                          |              |                          |                          |

Please list any additional, pertinent medical information we should have regarding past injuries, past medical history, or physical limitations relating directly to the participant's ability to participate:

Please Complete Both Pages

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Student's/Participant's Complete Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_

**Parent/Guardian Name (1)** \_\_\_\_\_, Home Phone ( \_\_\_\_\_  
Work Phone ( \_\_\_\_\_, Cell Phone ( \_\_\_\_\_, Beeper \_\_\_\_\_

**Parent/Guardian Name (2)** \_\_\_\_\_, Home Phone ( \_\_\_\_\_  
Work Phone ( \_\_\_\_\_, Cell Phone ( \_\_\_\_\_, Beeper \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_, Policyholder's Name \_\_\_\_\_

**Alternate Emergency Contact:**

Name \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

Phone ( \_\_\_\_\_

If medication will be taken during camp, indicate name of drug, reason for taking, dosage, and frequency:

\_\_\_\_\_

To the best of my knowledge, my child is in good health and can participate in the above listed camp/clinic. I do not anticipate that my child will have any health problems while participating in camp activities, however, the Vermont Baseball School should be aware of the following medical conditions or medications that my child takes:

Medical Condition: \_\_\_\_\_

Accommodations Needed: \_\_\_\_\_

**NOTE:** If the above-named individual has a history of serious illness or injury (i.e. heart murmur, epilepsy, surgery, etc.), a note signed by a physician clearing the individual for full participation in all camp activities must accompany this form.

I give permission for my child, (name) \_\_\_\_\_ to participate in (name of camp) \_\_\_\_\_. I understand that no activity is free from risk of injury. I, nonetheless, wish to have my child participate. I agree to hold harmless and indemnify the Vermont Baseball School and its coaches from any and all losses, penalties, injuries, damages, settlements, costs or other expense or liabilities arising out of camp activities. This release, however, is not intended to release the Vermont Baseball School from causes of action arising out of the sole negligence of the coaches.

In the event my child becomes ill or injured during camp activities, I authorize Vermont Baseball School coaches to seek emergency care. In signing below, I certify that my child is covered by health and accident insurance or Medicaid, and in the unlikely case of any accident, that I will provide the responding medical care facilities with the name of the carrier and policy number. I understand that the Vermont Baseball School does not pay for medical treatment of injured campers and any medical bills, whether emergency or not, will be my financial responsibility.

I also agree to permit the Vermont Baseball School to release pictures regarding my child's participation in these camps.

I have read this release of liability and I fully understand its terms.

Parent/Guardian Name (print) \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_