

# Youth Baseball Overnight Camp Permission Slip

## Camper Information

Camper Name

Date of Birth

Home Address

Parent/Guardian Name

Phone Number

Email Address

## Emergency Contact

Emergency Contact Name

Phone Number

## Medical Information

Allergies or Medical Conditions

Medications

Physician Name & Phone

## Permission Statement

I, the undersigned parent or guardian, give permission for my child to participate in the Youth Baseball Overnight Camp. I acknowledge that in the event of an emergency, camp staff has my authorization to seek necessary medical treatment. I release the organization and its agents from any liability related to my child's

participation in this event.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date