

# 2007 H.C.I. Holiday Camp Reservation and Medical Release

**Camper's Name** \_\_\_\_\_

**Age** \_\_\_\_\_

**Grade** \_\_\_\_\_

**Position** \_\_\_\_\_

**Shirt Size** \_\_\_\_\_

**Father's Name** \_\_\_\_\_

**Mother's Name** \_\_\_\_\_

**Full Address** \_\_\_\_\_

**Email Address** \_\_\_\_\_

**Home Phone #** \_\_\_\_\_

**Cell #** \_\_\_\_\_

I/we are/am the parents and/or legal guardian(s) of the above listed child, and I/we hereby understand and agree as follows:

1. Participation in the H.C.I. holiday camp requires the ability to run, throw, swing a bat, and catch a ball. Additionally, participation requires the capacity to understand and take direction from instructors and chaperones.

Does your child have any current condition that limits his ability to participate in these activities? NO YES (circle one)

If "yes" please explain

\_\_\_\_\_

Please provide information about allergies and medical conditions that The Hitter's Club staff should know in the case of an emergency. \_\_\_\_\_

2. I/we know that my/our child's participation in the H.C.I. Holiday camp activities may result in serious injuries and protective equipment does not prevent all injuries to players.  
I/we do hereby waive, release, absolve, indemnify, and agree to hold harmless Hitter's Club, Inc., it's staff, organizers, shareholders, directors, coaches, employees, sponsors, participants, from any claims arising out of any injury to my/our child whether the result of negligence or any other cause except to the extent and in the amount covered by accident or liability insurance.
3. I/we give my/our approval for my/our child to participate in any and all H.C. I. Holiday camp activities.
4. I/we understand that all baseball equipment and all personal belongings are the sole responsibility of each camper.
5. I/we hereby notify Hitter's Club, Inc. officials of the following information that is relevant to my/our child's ability to participate in the H.C.I. Holiday camp.

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In case of emergency, I/we hereby authorize our family physician to treat our child. In case of emergency, if our family physician cannot be reached, I/we hereby authorize our child to be treated by another qualified, licensed physician who is then available.

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Health Insurance Plan \_\_\_\_\_ Allergies \_\_\_\_\_

Date of last Tetanus booster \_\_\_\_\_

Parent(s) or Guardian(s) Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent(s) or Guardian(s) Signature \_\_\_\_\_ Date \_\_\_\_\_

Please enclose your payment of \$175.00 made payable to Hitter's Club Inc. and mailed to:

H.C.I.  
P.O.Box 80913  
Billings, MT 59108