

PARENTAL RELEASE FORM

We (I) hereby give our (my) permission to Wartburg Softball Clinic to provide medical attention to our (my) child

_____ in the event of injury or illness. We (I) hereby release Wartburg College, clinic workers, and all its employees from all claims (present and future) resulting from any injuries that may be sustained by our (my) child while attending the Wartburg Softball Clinic. We (I) also certify that our (my) child is medically fit to participate in the clinic and that we (I) will be responsible for any medical or other charges in connection with attendance at the clinic.

Medical Insurance Company _____

Please attach a copy of the insurance card covering the participant.

Date _____

Signed (parent/guardian) _____

(parent/guardian) _____

Where possible, BOTH parents/guardians must sign this release.

Address _____

City _____

State _____ Zip _____

Home phone _____

Parent cell _____

Email _____

* Refunds available two weeks prior to camp date, less \$25 administrative fee.

All individuals enrolled are required to comply with the rules and regulations of Wartburg College and the Sports Camps. Any violation of these rules and regulations could cause immediate dismissal from the camp.