

PRE-ACTIVITY CLEARANCE EXAMINATION: PHYSICIAN AUTHORIZATION

I hereby certify that I have examined (name of camper) and have found him/her fit to attend and participate in PERFECT BASEBALL CAMP(S), Clinics, and or Classes. I know of no impairments, which would limit his/her participation in all camp activities except those that I have listed below. I further certify that he/she is free from any and all contagious diseases.

Restrictions and/or Comments:

Date of Last Tetanus

Booster: _____

Date of Physical Examination (must have been completed within the last 12 months):

Physician's Signature:

Name of Camper:

Date of Birth:

CONSENT FOR TREATMENT

I, the undersigned, as the parent or legal guardian
of: _____

of camper) (a minor) hereby authorize such diagnostic, medical and/or surgical treatment of, and/ or administration of medication to such minor as may be considered necessary or appropriate under the circumstances for the treatment of any condition, illness or injury of the minor. The attending physician, appropriate staff, and PERFECT BASEBALL INSTRUCTION, employees, and/or volunteers shall not be responsible in any way for any consequences from said diagnostic, medical and/or surgical treatment, or administration of any medication, and are hereby released from any and all claims and causes of action that may arise, grow out of, or be incident to such diagnosis, treatment, or surgery, or administration of medication provided that these services are performed with ordinary care and to the best of their ability.

Signature of Parent/Legal Guardian Date

Name of Camper:

Date of Birth:

Address:

Parent/
Guardian: _____

Best contact Number(s):

Home: _____ Work: _____ Mobile: _____

Perfect Baseball Email Disclaimer and Consent for use of digital images

Opt In

Opt Out

All photos and videos taken during Perfect Baseball activities will be used for marketing activities and posted on Perfect Baseball instruction social media and website.

Signature of Parent/Legal Guardian Date