Parent Waiver & Insurance Form

Date:_____

Name of camper: _____

I/We give _____ permission to participate in the Northgate Girls Fast-Pitch Softball Camp. I/We realize that such activities involve the potential for injury. I/ We hereby acknowledge that even with the best teaching and coaching, the use of the most advanced equipment and the requirement of strict observance of all rules, injuries are still possible. I/We will not hold the school liable for injuries that might occur during the course of the camp. I/We hereby acknowledge that I/We have read an understand this warning and verify that _____

_____

Is covered by a current accident and/or health insurance policy.

Permission for Medical Treatment

I/We grant the school personnel my/our permission to act on my/our behalf in securing medical attention in case of a medical emergency while participating in the camp. The local emergency facilities have my/our permission to treat (child's name)_____

_____for any illness/injury that occurs while participating in the camp. I/We also understand that I/we are totally responsible for any costs incurred for medical attention.

Name of Company	
Policy Number	
Name Insured	
Persons Covered	
Policy Expiration Date	

Parent Signature:

Northgate High

3220 Fisher Road
Newnan Georgia 30265
Phone: 770-463-5585
Fax: 770-463-4982

Northgate High School

Fast Pitch Softball Camp

2018

May 29th—May 31st

8:30 until 11:30am