

LAUNCH SPORTS LLC

National Office: 466 Foothill Blvd. #265, La Canada, CA 91011
Phone: (626) 318-7835



Site / Location

Date(s) of Camp

This Medical Information & Liability Release must be completed by Parent/Guardian in order to participate at camp!

A. CAMPER INFORMATION

Participant's Name: _____

DOB: ___ / ___ / ___ Address: _____

City: _____ State: _____ Zip: _____

Home Phone: () _____ Work Phone: () _____ Male Female

Persons Having Legal Custody of Child: MOTHER FATHER BOTH OTHER : _____

B. EMERGENCY CONTACT INFORMATION

Please provide the name, relationship to the player, and phone numbers of up to three adults that we can contact if necessary.

Parent/Guardian's Name(s): _____

Relationship to Player: _____

Phone Numbers: Day: () _____ Evening: () _____ Cell: () _____

Parent/Guardian's Name(s): _____

Relationship to Player: _____

Phone Numbers: Day: () _____ Evening: () _____ Cell: () _____

Parent/Guardian's Name(s): _____

Relationship to Player: _____

Phone Numbers: Day: () _____ Evening: () _____ Cell: () _____

C. HEALTH HISTORY (To be completed by Parent/Guardian. Please check all that apply.)

- Epilepsy Heart Murmur Chicken Pox Fainting Spells Asthma
 Severe Headaches Measles Shortness of Breath Diabetes Severe Dizziness
 Scoliosis Other

Date of Last Tetanus Shot: _____ (Month/Year) Allergies (insect bites, food, medications, substances, etc.) _____

Recent Surgeries _____ Comments/Instructions _____

Does the player have any medical, orthopedic, or emotional condition that we should be aware of? YES NO

If yes, please indicate nature of condition: _____

Do you give permission for your player to take over-the-counter pain medication at camp? YES NO

If yes, please indicate appropriate brands (Advil, Tylenol, Aspirin, etc.) _____

Medical Insurance Company: _____ Group #: _____

Insurance Carrier: _____ Policy #: _____

D. CONSENT FOR MEDICAL TREATMENT/LIABILITY RELEASE

Sports at times can be physical. As the parent or guardian of the child (ren) enrolled at Launch Sports LLC programs, I understand that these programs, activities, games and training elements are hazardous by nature and I assume all risks of injuries arising from participation. I release, indemnify and hold harmless Launch Sports LLC, directors, employees and coaching staff from any claim, suit, demand, or action arising in connection with the player's participation.

I also hereby certify that the above-mentioned participant is in good health and has my permission to participate in this program. I consent to have the administrators of Launch Sports LLC act in my behalf should any emergency arise, and hereby grant permission to said administrators to authorize medical attention recommended by a physician, nurse or hospital. All campers must have their own medical coverage. Launch Sports only provides excess coverage (does not cover deductibles) after your insurance policy has been utilized. If the player requires medical attention every effort will be made to contact the player's parents, guardians or emergency contacts. In the case of an emergency, the player will be provided emergency medical services prior to informing the parent or guardian. I assume responsibility for any costs incurred in treating the player. I waive any liability or accountability to Launch Sports LLC for the quality or cost or medical services provided.

The player's parent or guardian is responsible for any property damage caused by the player. If the player's property is lost or stolen, Launch Sports LLC will make every effort to locate it. However, Launch Sports LLC accepts no responsibility for the loss or damage to a player's property.

I give permission to Launch Sports LLC to use the player's picture or likeness in promotion of Launch Sports LLC in printed or electronic media. I renounce any claims upon Launch Sports LLC for reimbursement for use of this material.

My child is in good health and this statement is offered in lieu of a Doctor's health certificate. Campers will not be allowed to participate unless the following information is submitted and the form is signed by the parent or guardian of the camper. I have read and accept Launch Sports LLC policy statement.

Signature of Parent or Guardian: _____ Print Name: _____ Date: ___ / ___ / ___