



OFFICE USE ONLY

Recvd: _____

Date: _____

HEALTH INFORMATION AND MEDICAL LIABILITY WAIVER

Please complete one form per child enrolled in the program.

First Name	Middle Name (if applicable)	Last Name
Address	Secondary Address (PO Box, Suite, Apt)	City, Zip
Day Time Phone	Evening Phone	Work Phone
Preferred Email Address	Player Date of Birth	T-Shirt Size
Name of Emergency Contact	Relationship	Phone Number

I authorize the members of The Show PDC to perform any emergency services as deemed necessary including but not limited to the transportation of my child(-ren) to local Emergent Care Facilities, including administration of CPR. Yes No _____
 Authorized Parent or Guardian Signature

Name of Primary Insured	Relationship	Type of Insurance
Insurance Number	Primary Location	Secondary Location (if applicable)

Does your child currently use any medication? Yes No If yes, what type? _____

Does your child have any active allergies? Yes No If yes, what kind? _____

Does your child have any medical condition(s) that may prevent him/her from full participation? Yes No If yes, please explain? _____

MEDICAL CONSENT AND WAIVER OF LIABILITY RELEASE (Please read the information carefully before signing)

The undersigned hereby acknowledges that participation on the team and related activities involves an inherent risk of physical injury, and the undersigned, on behalf of the registrant, hereby assumes all such risk and does hereby release and forever discharge The Show Player Development Center Inc. (also known as "The Show PDC") and all employees and agents thereof from any and all known liability of whatever kind of nature, arising from and by reason of any and all known and unknown, foreseen and unforeseen body and personal injuries, damage to property, and the consequences thereof, resulting from the registrant's participation in or involvement with The Show baseball team and or its Camps/Clinics, including any failure of equipment or defect in and on the premises, at any location. The registrant is physically fit and sufficiently trained to participate. To the best of my knowledge the registrant does not have any diseases or injuries that would medically prohibit him or her from participating. I also give my permission for any emergency procedures that are deemed necessary for the registrant. I hereby state that I am the legal guardian of the said child.

Signature of the Participant		Date	/ /
Signature of Parent or Guardian		Date	/ /