

SAN JOSE GIANTS

SUMMER CAMP MEDICAL INFORMATION FORM

SAN JOSE GIANTS YOUTH DEVELOPMENT PROGRAM



EMERGENCY CONTACT INFORMATION

Emergency Contact Name:

Emergency Contact Phone:

MEDICAL INFORMATION

Does the camper have any medical, physical or emotional conditions? (including allergies and disabilities): Yes No

If yes, please explain:

Please list all medications camper takes (including inhalers):

My child has a physical condition which requires him/her to routinely receive medication as quickly as possible in order to avoid a medical crisis or for better disease control. In the interest of his/her personal well being, I hereby grant my child the authority to carry the medication or medications listed below and to self-administer it as directed by prescribing physician when needed. He/she has been instructed in and understands the purpose and appropriate method and frequency of use. Yes No

All prescribed and non-prescribed medications must be listed below before any medication can be administered at camp.

Is the camper up-to-date on all state required immunizations?: Yes No

Please explain any other health information relevant to camp participation:

INSURANCE INFORMATION

Insurance Carrier's Name (name on the insurance policy card):

Primary Insurance Company:

Insurance ID #:

Group #:

THIS FORM MUST BE EMAILED TO: SUMMERCAMPS@SJGIANTS.COM

**PLEASE NOTE: CAMP REGISTRATION IS INCOMPLETE UNTIL REGISTRATION FORMS
ARE COMPLETED AND PAYMENT IS MADE IN FULL**

sjgiants.com

408.297.1435

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SUMMER CAMP LIABILITY RELEASE FORM

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LIABILITY RELEASE INFORMATION

The risk of injury from the activities involved in this program is significant, including potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist. I knowingly and freely assume all such risks, both known and unknown. Even if arising from the negligence of the releasees or others, and assume full responsibility for my participation. I willingly agree to comply with the stated and customary terms and conditions for participation. If however I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately. I, for myself on behalf of my heirs, assigns, personal representatives and next of kin, hereby release, indemnify, and hold harmless the San Jose Giants, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event ("Releases"), with respect to any and all injury, disability, death, or loss or damage to person or property, whether arising from the negligence of the releasees or otherwise, to the fullest extent permitted by law.

By typing my name below, I certify that I as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all release, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Release's from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, even if arising from the negligence of the releasees, to the fullest extent permitted by law. I have read this release and assumption of risk agreement, fully understand its terms, understand that I have given up substantial rights by signing the line below acting as an electronic signature and did so freely and voluntarily without any inducement.

X _____

(I/We) the undersigned parent(s)/guardian of registered camper, a minor, do hereby authorize the San Jose Giants staff or attending medical personnel as agent(s) for the undersigned to consent to an X-ray examination, anesthesia, medical or surgical evaluation, diagnosis, and/ or treatment, or hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of, any physician and/ or surgeon licensed under the provisions of the Medical Practices Act, California Business and Professions Code § 2000 et.seq.: or any X-ray examination, anesthetic, dental or surgical diagnosis or treatment, or hospital care which is deemed advisable by, and is to be rendered under general or special supervision of, any dentist licensed under provisions of the Dental Practices Act, California Business and Professions Code §1600 et.seq. (I/We) hereby understand that this authorization is given in advance of any specific diagnosis, treatment or hospital care to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which aforementioned physician or dentist, in the exercise of his/her best judgement, may deem advisable. The authorization is given pursuant to the provisions of California Family Code §6910. (I/ We) hereby authorize any hospital, which has provided treatment to the above-named minor pursuant to the provision of California Family Code §6910, to surrender physical custody of such minor to (my/our) above named agent(s) upon the completion of treatment. This authorization is given pursuant to California Health and Safety Code §1283. this authorization also grants to my agent(s) the power to sign for release of information to any third party payers who may be responsible for part or all of the cost of the services provided. This authorization shall remain effective to 12/31/20, unless sooner revoked in writing delivered to said agent(s)

X _____

This health history is correct so far as I know, and my son/daughter has permission to engage in all prescribed camp activities, except as noted by me. My son/daughter is in good health. I understand that I am required to have accidental medical coverage for the child listed on this application, and I verify that the information provided on this form is accurate and true. I understand and agree that if I do not have accidental medical coverage for the child listed on this application, I will be financially responsible for all charges and fees incurred in the rendering of said treatment. I understand that at the discretion of camp/program supervisor and/ or staff my child may be dismissed from the camp/program, without refund, for inappropriate behavior. I understand that at the conclusion of the scheduled camp/program time, the San Jose Giants are no longer responsible for my child. I give permission to use, reprint, and produce any photographs or videos taken of me or my child and written materials supplied by me or my child in the form of evaluations during the San Jose Giants Youth Development Program, I understand that such material will be used for camp marketing purposes.

I have read and agree to the terms above. Typing my name in the box below acts as my electronic signature.

X _____

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