

APPLICATION-UND FIGHTING SIOUX SOFTBALL YOUTH/ELITE CAMPS

Name _____

Address/City/State/Zip _____

Phone (____) _____ Cell Phone (____) _____

Email Address _____

(Camp confirmation will be sent to this E-mail address)

Age: _____ Youth Camp (Ages 12 and under) or Elite Camp (Ages 13 and up)
(Circle one)

T-shirt size: _____

Pitching Camp: Yes No

Catcher's Camp: Yes No

Make checks payable to UND

Check No. _____

Parent/Guardian Signature/Date _____

Send completed application and check to:

Sami Strinz: UND Softball Camp

UND Softball Office

PO Box 9013

Grand Forks, ND 58202-9013

EMERGENCY MEDICAL CONTACT INFORMATION

In Case of Emergency contact: _____

Phone: (____) _____ **Cell Phone:**(____) _____

Please provide medical history or limitations (if pertinent):

Allergies, present medications, special considerations:

****ALL PLAYERS MUST PROVIDE OWN MEDICAL INSURANCE COVERAGE****

*NO CHILD MAY PARTICIPATE IN ANY UND CAMP ACTIVITIES
WITHOUT THIS SIGNED FORM ON FILE*

**INFORMED CONSENT, LIABILITY RELEASE, MEDICAL
TREATMENT AUTHORIZATION, AND PHOTO RELEASE**

I request that my child (identified below) be permitted to participate in an activity sponsored by UND Athletics and agree to the following: I understand and agree that my child's participation in this activity may expose him/her to risks of injury or death. The risks include but are not limited to: **death, injury, serious neck and spinal injuries, paralysis, brain damage, and injury to vital organs, bones, joints, muscles and tendons.** I will counsel my child so he/she understands that it is important for his/her safety and the safety of others to follow all instructions of the coaches and staff. I agree that I am responsible for my child's conduct while he/she is participating at the activity.

In consideration for my child's participation in this activity, on behalf of myself and my child, I release discharge, and hold harmless the State of North Dakota, the North Dakota State Board of Higher Education, the University of North Dakota and their officers, coaches, volunteers, employees and agents from all liability, claims, costs, and expenses arising out of these activities which may result in injury or illness to my child. I also agree to defend and indemnify the State, NDSBHE, UND and their officers, coaches, volunteers, employees and agents against any claims arising out of my child's participation in the activity.

I further agree that the Athletics Department Staff and UND are **authorized to obtain and authorize emergency medical treatment** for my child up to and including emergency hospitalization and surgery. I agree to be personally responsible for any related medical expenses. On behalf of my child, and myself, I further release the State, NDSBHE, and UND from any liability arising out of the emergency medical treatment obtained.

I also release UND from any claims for the loss of personal property and agree that UND Athletics may use, for publicity and advertising purposes, photographs of my child taken during participation in the activity.

A copy of this agreement shall suffice as original.

Name of Child: _____

Activity: _____

Health Insurance Company: _____

Policy Number: _____

Parent/Legal Guardian Name: _____

Signed: _____ Date: _____