

**AL THOMAS SOFTBALL CAMP
WOLVES SOFTBALL FALL PROSPECT CAMP**

Name of Camper_____

Name of Parent/Guardian_____

Relationship to camper_____

EMERGENCY CONTACT Phone Number_____

PARENTAL PERMIT AND WAIVER I understand that there is a risk of injury associated with my child/dependent participating in this activity. In the event that my child is injured or becomes ill while participating in the AL THOMAS SOFTBALL CAMP, I give my permission for the staff to seek medical attention if deemed necessary under the conditions. No operation (except emergency) will be performed without a parent being contacted and fully informed of the situation. Additionally, I certify that my child is in good physical health and that she will notify staff members of any condition that may impair her ability to participate in any camp activity. I hereby release, AL Thomas and AL Thomas Softball Camps, Staff members of camp, the University of West Georgia, the UWG Softball staff or any other employee of UWG or employed by the camp from any claim for damage or injury that may arise from my child's participation in the 2016 AL Thomas Softball Camp/Wolves Softball Fall Prospect Camp.

Parent/Guardian Signature

Date