



**MTSU SOFTBALL SUMMER CAMP 2009
INSURANCE/MEDICAL RELEASE FORM**

Insurance Company _____
Policy Number: _____
Telephone Number: _____
Emergency Contact: _____
Emergency Contact Phone Number: _____
Athlete's Name: _____
Grade Entering: _____
Home Phone Number: _____
Home Address: _____

***Please send a copy of the insurance card with the completed form

I hereby authorize the staff of Middle Tennessee Softball Camp to act according to their best judgment in any emergency situation requiring medical treatment, and I state that the above applicant has been checked and is in sound physical condition to participate in the softball camp.

Physician or Parent/Guardian Signature:

Date: _____