



FLORIDA STATE SOFTBALL CAMP WAIVER

Emergency Contact Numbers _____

Allergies/Health Issues

Health Care Provider and Policy Number _____

Name of Player (Sign Here) _____ Date _____

Name of Parent (Sign Here) _____ Date _____

Please indicate another person to call if an accident occurs and we are unable to reach you:

Name: _____ Phone No. _____

Family Doctor _____ Phone No. _____

Is your child presently on medication? _____

If yes, please list medication (s): _____

Drug Sensitivities: _____

Other Allergies: _____