## Bluejay Baseball Camp WAIVER AND CONSENT FORM

	o seek during the period of the Camp, a child to receive the medical attention i	(name of camper). appropriate medical attention for my child, for the medical in the event of accident, injury or illness. I will be responsible	
understand that there will be more campers	than staff at the Camp, and that my chi	that injuries can often occur during participation at Camp. I also ild cannot receive individualized attention and individualized ntally capable of participating in practices, games, and all camp	
through Creighton University. The Camp is n sponsorship, control and supervision of the C Baseball Camps", and Creighton University a	either sponsored, controlled, nor super Camp Director, <b>Ed Servais</b> . I waive, rele nd the aforementioned staffs, officers, tions, and cause of action whatsoever a	mps" is a privately run sports camp and is not operated by or rvised by Creighton University, but rather is under the sole case, and forever discharge Ed Servais (Camp Director), "Bluejay agents, employees, representatives, successors, and assigns arising out of or related to any loss, personal injury, or property or while at Camp.	
		while engaged in Camp activities for the sole purpose of symous in conjunction with any photograph used in marketing.	
My signature below indicates that I have pro on any other form required by the Camp.	vided true information and have read, u	understand and agree to all statements on this entire form and	
X			
Parent/Guardian Signature	Date	Printed Name	
X	 Date	Printed Name	
-	EMERGENCY CONTACT IN	JEORMATION	
_			
Home Phone #: ( )	Work Phone #:	Work Phone #: ( )	
Emergency Phone #: ( )	Contact Name:	Contact Name:	
Cell Phone #: ( )	Contact Name:	·	
*Special instructions regarding the care of yo	our child while at camp:		
	INSURANCE INFORM	MATION	
Insurance Company Name:	Policy #:	Group #:	
Policy Holder's Name:	Relationship to	Relationship to Camper:	
*Special instructions regarding Submission of	f Insurance:		