



Parent Waiver: FIVE STAR TEXAS CAMP

please print and bring this to the camp

(PLAYER'S) Name: _____ Birthday: ____ / ____ / ____
Address: _____ City: _____
School: _____ Grade: _____

Parent / Guardian Name: _____

Cell: _____ Email: _____

Parent / Guardian Name: _____

Cell: _____ Email: _____

Health Insurance: _____ Policy Number: _____

Please list any health concerns/allergies of which we should be aware:

Waiver of Claim for Parents

I understand the risks involved, for me and my child/ward, in any organized or recreational sporting event and participation. I have been notified of the risks involved in my child/ward participating in organized or recreational baseball, whether it be scrimmage, practice, drills, games, or skills contests. I hereby release 5 Star Texas, the event organizers, coaches, staff, volunteers, the practice facilities and chaperones from any and all liability originating from any injury resulting from participating, in any capacity, in this activity. **THIS ALSO INCLUDES ANY AND ALL INJURIES RESULTING OR ARISING FROM THE NEGLIGENCE OF 5 STAR TEXAS, ITS COACHES, STAFF, EVENT ORGANIZERS, VOLUNTEERS, OR ANYONE ON THE 5 STAR TEXAS' BEHALF.** I assume the risk of any injury involved in participating with 5 Star Texas, and I agree to hold none of the organizers liable for any such injuries. I also agree to waive all claims that may arise from any injury that may occur while I or my child/ward participate in this event. I agree that I will not file suit against any of the organizers or their agents for any injury resulting from participating in this activity.

Parent / Guardian Signature