

**ALL NINE BASEBALL ACADEMY
ARIZONA STATE UNIVERSITY
AUTHORIZATION FOR TREATMENT
AND RELEASE OF LIABILITY**

Please make record that in case of our unavailability, we ask that you care for our minor child should the medical need arise. You are authorized to perform or arrange for whatever treatment necessary in our absence. I hereby release, exonerate and discharge the camp, and its employees from any and all actions, known or unknown, for any injuries incurred while at camp or on the way to or from camp.

Camp Attending: _____

Player Name (please print clearly): _____

Player Signature: _____

Parent / Guardian Signature: _____

Insurance Company: _____

Policy #: _____

Please fax or mail this completed form to the All Nine Baseball Academy within 7 days of receiving this welcome packet.

ASU Baseball Fax # (480) 965-9309

- or -

All Nine Baseball Academy
PO Box 60
Tempe, AZ 85280