

# John Cole's Classic Baseball Camp Application

## PERSONAL INFORMATION

Please Print:

First	Last	M.I.	Grad Year	Pitcher or Catcher	Age
Address		City	State	Zip Code	
E-mail Address		( )	Home Phone#	( )	Other Emergency Phone #

## HEALTH INFORMATION

Operations, serious illnesses, injuries- give dates and outcomes \_\_\_\_\_

Allergies \_\_\_\_\_

Drug Allergies/Sensitivities \_\_\_\_\_

Heat Illness/ Exhaustion \_\_\_\_\_ Asthma \_\_\_\_\_

Special Diets \_\_\_\_\_ Current Medications \_\_\_\_\_

## INSURANCE INFORMATION

Our camps carry secondary insurance for injuries that occur. To receive coverage under this plan, you must first file bills against your primary insurance. When your insurance has been exhausted, you may then file claim with our insurance for consideration. We will furnish you with the appropriate information so that you can file against the camp's excess insurance. This excess insurance can only be used for injuries that occur during the camp. It does not cover illnesses. In most cases, providers will be willing to process insurance claims for you. Please fill out the following information completely so that we can give the information to the providers.

Complete Name of Insurance Company \_\_\_\_\_

Address where claim is to be mailed \_\_\_\_\_

Policy Holder's Name \_\_\_\_\_ Relationship to Camper \_\_\_\_\_

Policy Holder's Subscriber ID \_\_\_\_\_ Policy Holder's Group # \_\_\_\_\_

Policy Holder's Address \_\_\_\_\_

## John Cole's Classic Baseball Camp Waiver and Release

Important: Please Read Carefully!

Release: I hereby request that you accept the application of \_\_\_\_\_ in the year of 2016 during the months of January and February, and in consideration of your acceptance of the application, I hereby release Jamestown High School and the James City County Schoolboard, and all their trustees, officers, employees, and agents, from any and all liability or claims relating to any injuries that may be sustained by the camper while attending the 2016 John Cole Classic Baseball Camp or any and all claims which may hereafter be presented by or on behalf of the camper (minor child) relating to such injuries. Such released claims include claims for negligence, gross negligence, or recklessness.

Signature of Parent/Legal Guardian \_\_\_\_\_

Important: Please Read Carefully!

Authorization for Medical Treatment and Release: In case of emergency or if any medical attention is required by my child, I hereby give my permission to the John Cole Classic Baseball Camp staff to secure medical treatment and to act on my behalf according to their best judgment, and I hereby release the John Cole Classic Baseball Camp Staff, and all their trustees, officers, employees, and agents, from any and all claims relating to the exercise of such judgment.

Signature of Parent/Legal Guardian \_\_\_\_\_

**Please make check payable to:**  
**John Cole's Classic Camps**

**Please send application and check to:**

**John Cole**  
**113 Edward Wyatt**  
**Williamsburg, VA 23188**

