



LANCER BASEBALL Summer Camp 2017

TOHS Lancer Baseball invites registered incoming TOHS freshmen and new students to attend our summer baseball camp. Learn how to play Lancer Baseball from the TOHS Baseball coaching staff and current players.

DATE: June 19-21 Mon-Wed **TIME:** 2:00-5:30
PLACE: Thousand Oaks High School Varsity Baseball Field
COST: \$150 (Checks payable to TOHS Baseball Dugout Club)
REGISTER: On site the day of camp. RSVP to Tomsheehan8@verizon.net

Athlete's Name: _____ Grade: _____
Parents: _____ Cell: _____
E-mail: _____

All camp proceeds go directly back to the TOHS Baseball program!

AUTHORIZATION TO TREAT MINOR

I (We) the undersigned, parents or legal guardian of _____ Minor, do hereby authorize and consent to any x-ray, examination, anesthetic, medical or surgical diagnosis rendered under the general or specific supervision of any member of the medical staff and emergency room staff licensed under the provisions of the medical practice act and on the staff of any acute general hospital holding current license to operate a hospital from the State of California Department of Health. It is understood that this authorization is given in advance if any specific diagnosis, treatment or hospital care being required but is given to provide authority and power to render care which the aforementioned physician in the exercise of their best judgment may deem advisable. It is understood that every effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatments will not be withheld if the undersigned cannot be reached. This authorization is given pursuant to the provisions of Sec 25.8 of the civil code of California.

List any restrictions: _____ Allergies to Drugs or Food: _____

Family Physician: _____ Phone: _____

Insurance Information: _____

Emergency Phone Number(s): _____