



CASV COMMITMENT TO TRANSFER AGREEMENT



To be completed and submitted to camp upon arrival I understand that any time during my child's stay at Cooperstown All Star Village I may be called on to transport my participant (youth or adult) from CASV for medical reasons. I commit to being available for the duration of the session by phone should I need to be contacted by the CASV management team. Furthermore, upon consultation with the CASV management team, I agree to pick up my participant within 12 hours of being contacted. I will also provide a second level contact to be prepared for unforeseen circumstances.

Participant Name _____

Team _____

Signed _____

Date _____

Primary Contact _____

Phone _____

Secondary Contact _____

Phone _____