



## Medical Release Approval

Name of Camper \_\_\_\_\_ T-shirt size: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Email \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Parent Cell Phone Number \_\_\_\_\_

Player Cell Phone Number \_\_\_\_\_

School \_\_\_\_\_

Club Team (if applicable) \_\_\_\_\_

Past Health \_\_\_\_\_ Past Injuries \_\_\_\_\_

Present Medications \_\_\_\_\_

Allergies \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Emergency Contact Phone Number \_\_\_\_\_

Insurance Company \_\_\_\_\_

Policy Holder \_\_\_\_\_

Policy Number \_\_\_\_\_

I verify that my child has been checked by a licensed physician and is physically able to participate in the Challenge Volleyball Camp. I hereby forever release the Challenge Volleyball USA LLC, the directors, officers, employees, volunteers, agents, contractors, and representatives (collectively releases) from any and all actions, claims, or demands that I, my assignees, heirs, distributees, guardians, next of kin, spouse and legal representatives now have or may have in the future, for injury, death, or property damage related to my participation in these activities, the negligence or other acts, whether directly connected to these activities or not, and however caused by any Release, or condition of the premise where these activities occur, whether or not I am then participating in these activities. I agree to allow my child to be treated by a first aid provider or licensed physician (if necessary) and to assume all costs related to such treatment. Also, I authorize the disclosure of medical information to my insurance for the purpose of claim. This camp is not an official function of Lourdes University. I grant permission to Challenge Volleyball USA to use photographs or any other record of this event for publicity or other legitimate purpose. Challenge Volleyball USA Camps are open to all, limited only by number, age, and/or gender.

Parent/Guardian Name: (Please Print) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_