



# 2010 Summer Volleyball Camps Medical and Release Form



Please complete and mail this form prior to camp. Campers can't participate in the camp without submitting this form.

## General Information

Camper's Name \_\_\_\_\_ Age \_\_\_\_\_ Ht \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell or Work Phone (\_\_\_\_) \_\_\_\_\_

Person to contact in the event of an emergency \_\_\_\_\_

Phone number of emergency contact person (\_\_\_\_) \_\_\_\_\_

## Health and General Medical History

If the camper should be restricted from any activity please note: \_\_\_\_\_

If the camper will be taking medication during camp, indicate the name of drug and dosage: \_\_\_\_\_

*NOTE: The camp staff can not hold or administer any over-the-counter or prescription medications.*

Please identify any medical condition, medical history or food allergies that would require special attention: \_\_\_\_\_

I hereby certify that the named camper is physically able to participate in volleyball camp and I know of no restrictions, physical impairments, or any other facts, which in any manner limit his/her participation in such program: *(To sign be signed by a parent or the camper's physician)*

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Relationship to Camper \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

## Health Insurance Information

Health Insurance Provider: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_ Policy Holder's Date of Birth: \_\_\_\_\_

## Release

I, the parent (guardian) of \_\_\_\_\_, give permission for the named camper to receive emergency medical or surgical treatment and hospitalization if necessary. I understand that every attempt will be made to contact me, or the emergency contact named above, before taking this action. I hereby waive and release the Staff, Camp Management, Facility Management, and Sponsors from any liability for any injury or illness incurred while at camp. I UNDERSTAND THAT THERE IS RISK OF INJURY TO THE NAMED CAMPER AS A RESULT OF CAMP ACTIVITIES, AND KNOWINGLY AND VOLUNTARILY ASSUME ALL RISK OF SUCH INJURY. I will be financially responsible for any medical attention needed during camp or resulting from an injury received at camp. My medical insurance shall be the insurance coverage for any medical treatment.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Relationship to Camper \_\_\_\_\_

### **Submit with \$100 minimum deposit to:**

Naples Juniors Volleyball Summer Camp  
c/o Naples Juniors, Inc.  
P.O. Box 7603  
Naples, Florida 34101