



2011 Summer Volleyball Clinic 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 _____

Please bring with the camper to the first clinic on June 26th or mail to:

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