

# Hub Volleyball Camps Release and Indemnity Form

A non-refundable check in the amount of clinic/camp cost and made payable to Capital University must accompany this registration form. Enrollment is limited, so it is important to apply early. Refunds will be given to those excluded due to enrollment limitations. In consideration of the acceptance of this application, I, intending to be legally bound, hereby for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages I may have against Capital University, Hub Volleyball Camps, Inc or its representatives or assignees for any and all damages which may be sustained by me in connection with my association with the entry in this clinic/camp, and which may arise out of my traveling to, participating in or returning from the clinic.

Health Insurance Co. \_\_\_\_\_

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

## Medical History/Permission Form

Participant's Name \_\_\_\_\_

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

Phone (        ) \_\_\_\_\_

Address \_\_\_\_\_

City State ZIP \_\_\_\_\_

*Physical limitations preventing participation (use another page if necessary):* \_\_\_\_\_

Medications currently used and reason \_\_\_\_\_

\_\_\_\_\_  
Signature (Participant)

\_\_\_\_\_  
Date signed

\_\_\_\_\_  
Signature (Parent/Guardian)

\_\_\_\_\_  
Date signed

**NOTE: You must submit a completed Release and Indemnity Form and the Registration Form to ensure your enrollment.**