

JILL WILSON VOLLEYBALL CAMP

HEALTH AND RELEASE FORM

*Campers cannot be admitted without this form prior to the start of camp. Please mail/email prior to camp or bring to check-in.

CAMPER NAME: _____ CAMP ATTENDING: _____

Gender (circle): F M Birthday: ___/___/___ Age: _____ Height: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone (____) _____ Work Phone (____) _____ Cell Phone (____) _____

Emergency contact: _____ Phone Number (____) _____

HEALTH AND GENERAL MEDICAL HISTORY

If the camper should be restricted on any activities please note: _____

If the camper is TAKING ANY KIND OF MEDICATION during camp please note the drug and the dosage:

Please note any medical condition or medical history that would require special attention:

I hereby certify that the named camper is in good health and fully able to participate in all activities of the Jill Wilson Volleyball Camp. My camper has no known restrictions, or any other facts, that may limit her/him from participation.

Parent/Guardian Signature: _____

Date: _____

Please circle those illnesses or conditions that the camper has had:

German Measles Measles Mumps Asthma Chicken Pox Pneumonia Diabetes High Blood Pressure

IMMUNIZATIONS (dates):

Tetanus Toxoid: _____

Tuberculin Test: _____

Measles: _____

Rubella: _____

Mumps: _____

ALLERGIES: _____

DRUG REACTIONS: _____

I HAVE READ THE REGISTRATION PACKET AND FULLY UNDERSTAND OUR OBLIGATIONS STATED THEREIN AND ALSO THE RIGHTS OF JILL WILSON VOLLEYBALL CAMP, AND HERBY AGREE IN ACCORDANCE. I further understand that Jill Wilson Volleyball Camp retains the right to use photographs of campers taken at camp for future Jill Wilson Volleyball Camp promotion.

Signed _____ **X Date:** _____

WAIVER & RELEASE

I do hereby acknowledge and understand that my camper's participation is purely and entirely voluntary, and that there are certain substantial and inherent risks involved in the sport. I further acknowledge that the camp shall not in any way be responsible or liable for any injuries, ailments, infirmities, and/or disabilities, which my camper may encounter or sustain as the result of such participation. I understand that the camp will require strenuous exercise, and so requires my camper to be in peak physical condition. I understand the nature of potential risks from injury, and I agree to accept those risks. The camp director has permission to seek medical attention for my camper, and I grant permission for the physician and staff at Virginia Tech or other designated physicians to provide medical treatment in the event of injury or sickness. I understand that every attempt will be made to contact me. 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. I, the parent (guardian), do hereby agree to the above waiver and release. Name of Participant (print please)

Signature of Participant **-OR-** Parent/Guardian (if participant is under 18) _____ **X**

Date _____ * Parent or Guardian will be contacted in case of emergency.

HEALTH INSURANCE INFORMATION

Health Insurance Company: _____

Policy/ID Number: _____

Policy Holder Name: _____

Policy Holder Date of Birth: _____/_____/_____