

# CAPTAINS VOLLEYBALL TEAM CAMP 2018

## INDIVIDUAL PLAYER ENROLLMENT FORM

Camper's Name \_\_\_\_\_ High School Team Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Grade (fall 2018) \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Parent #1 \_\_\_\_\_ Cell \_\_\_\_\_ Parent #2 \_\_\_\_\_ Cell \_\_\_\_\_

Email address we should use to distribute camp information and enrollment confirmation? \_\_\_\_\_

Name of desired roommate (if applicable):

1st Choice \_\_\_\_\_ 2nd Choice \_\_\_\_\_

Camper's T-Shirt Size (circle): YL(youth L)   S   M   L   XL

### HEALTH AND GENERAL HISTORY

Any restrictions from activity? \_\_\_\_\_

Any medications that need to take during camp? List name of drug and dosage information \_\_\_\_\_

Any medical conditions that require special attention? \_\_\_\_\_

### HEALTH INSURANCE INFORMATION

Insurance Company \_\_\_\_\_ Policy# \_\_\_\_\_

Policy Holder's Name \_\_\_\_\_ Policy holder's D.O.B. \_\_\_\_\_

### LIABILITY RELEASE

I, the parent 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 above before taking action. I hereby waive and release the camp staff and athletic training staff 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. I further understand that Captains Volleyball Camp retains the right to use, for publicity and advertising purposes, photographs of campers taken at camp.

Signed \_\_\_\_\_ Date \_\_\_\_\_