



## *Medical Release*

*Please bring this on the first day of camp.....*

*Do not bring before camp starts*

Campers Name \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_

Subscribers name \_\_\_\_\_ Insurance Policy # \_\_\_\_\_

Group # \_\_\_\_\_ ID# \_\_\_\_\_

Parents Name to contact in case of emergency \_\_\_\_\_

Phone number where you can be reached **during** camp \_\_\_\_\_

I hereby authorize my child's participation in the OJVA Volleyball Camp. I know of no mental or physical problems which may affect my child's ability to safely participate. The camp staff is authorized to attend to any health problem or injury that may occur while attending camp.

I understand that my child must have current and active medical insurance before they can attend camp. Neither I nor my child will hold OJVA Volleyball or The Courts liable for any injuries or expenses relating to injuries while my child is at camp.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

Any medications that the camper is taking now? \_\_\_\_\_

Any recent injuries that could affect participation? \_\_\_\_\_

Any thing that our staff needs to be aware of? \_\_\_\_\_

Other  
\_\_\_\_\_