

Camper _____
(Please print full legal name)

Birth Date _____

Camp David Fischer Beach Volleyball Camps

Camp Dates: _____

Release and Medical Authorization

The release and treatment authorization must be signed by a parent or guardian if student is under 18 years old. Students who are 18 years old or will become 18 years old before the end of the program must also sign. In order for students to participate in camp activities we must have this form. Otherwise parent or guardian must be contacted prior to participation.

Parent's/Guardian's Authorization

This is to certify that the above-named Camper has been examined by a physician within the past year, and that she was found to be physically able to participate in vigorous physical activity and competitive athletic sports.

Date of last tetanus immunization _____ Allergies _____

Drug Sensitivities _____

Other Medical Problems/Current Medications _____

What accommodations should be made to insure proper administration and storing of the medication?

Is an identification band or card carried to alert others to the allergy(ies), medical conditions or medication use? Y _____ N _____

Release of Liability and Medical and Surgical Authorization

In consideration of being permitted to participate in the David Fischer Volleyball Camps, LLC, I hereby assume the risks of personal injury that may result from program activities. I am knowledgeable about the sport, have previously participated in the sport, and am aware of the potential for injury while participating. As a participant and/or as a parent or guardian, I do hereby release David Fischer Volleyball Camps LLC, Dottie Hampton Volleyball Camps, the North Carolina State Board of Regents, The University of North Carolina at Wilmington, the Sports Camps and their officers, employees and agents, from all liability for personal injury or property damage which result from causes beyond the control of, and without the fault or negligence of its employees, agents or officers.

As a parent or guardian of the above named child, I do hereby release the David Fischer Volleyball Camps, LLC, and the North Carolina State Board of Regents, the University of North Carolina at Wilmington, and any and all volunteers, employees, officers, and agents, of the above named entities, from any and all liability for personal injury which may occur to my child during beach and any indoor volleyball training session and/or traveling to and from the UNC Wilmington campus and the beach volleyball facility. I hereby authorize and give my consent to the health care providers to perform upon or administer to my above named child any reasonable, necessary surgical or medical treatment. I also give permission to administer whatever anesthetic may be necessary or advisable during the medical or surgical procedures. This authorization is intended to cover emergency treatment, immunizations, injections, and minor operations and procedures. In the case of psychiatric and/or psychological emergencies involving psychological treatment, parental authorization for treatment beyond that responsive to the emergency will be requested.

This permission is good only while the student is attending the David Fischer Volleyball Camps, LLC

X _____
Parent's/Guardian's Signature Date

X _____
Student's Signature (if over 18) Date

Name _____
Parent/Guardian Print or Type

Insurance Company _____ Policy No. _____

Policy Holder _____

Guardian Cell Phone _____

Student Cell Phone (optional) _____