

Wolverine Volleyball Team Camp Medical Release Form

Please complete the information below.

Sign and date the release component and return to your coaching staff.

All individuals must have a completed form upon arrival at Grove City College on July 20.

Name _____ Camp Attending _____

Address _____ City _____ State _____

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Zip _____ Grade (Fall '20) _____

Parent/Guardian emergency phone:

Email: _____

Medical conditions of concern

Medications: *please list name, required dosage*

Medication	Dosage	When administered

I hereby release Leo Sayles, Grove City College, camp staff members and camp facility from any and all liability for any kind of personal injury or property damage due to participation in this camp. I certify that my child/ward is in good health and is able to participate in all activities. If any attention is required for illness or injury, I authorize a camp or facility staff member to obtain immediate medical care and give consent to the hospitalization of, or performance of necessary testing, surgery, or administration of drugs to my child/ward, in the event that a parent/guardian cannot be contacted.

I give consent for my child to be photographed or videotaped, and for those images from camp training to be used in future camp promotions.

Parent/Guardian

Date

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Insurance carrier:

Insurance Policy #
