

Medical Release

It is the responsibility of the campers' legal guardians to ensure that the camper is healthy and has no physical problems which would prevent the campers' participation in camp activities. Responsibility for primary medical insurance coverage rests with the camper.

Name: _____

SSN: _____

Special Medical

Needs: _____

Allergies: _____

Insurance

Company: _____

Policy Number: _____

Parent/Guardian: _____

Home

Phone: _____

Work

Phone: _____

This certifies that _____ has had a physical examination by a licensed physician in the past year and is free from any illnesses or injuries that would prevent him/her from participating in any activities at the Presbyterian College Volleyball Camps. I understand that volleyball is an active, physical sport and that injuries can take place during camp activities.

I authorize any medical treatments that might be advised by physicians or athletic trainers available to my son/daughter/ward while present at camp.

Signed: _____

Date: _____