

HIGH POTENTIAL VOLLEYBALL CAMPS  
HEALTH AND RELEASE FORM  
YOU MUST BRING THIS FORM WITH YOU TO CAMP  
**CAMPER CANNOT BE ADMITTED WITHOUT THIS FORM**

CAMPER NAME: \_\_\_\_\_ CAMP DATES: \_\_\_\_\_

Sex (circle):    F    M    Birthday: \_\_\_/\_\_\_/\_\_\_    Age: \_\_\_\_\_    Weight: \_\_\_\_\_    Height: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Emergency contact if I cannot be reached: \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

**HEALTH AND GENERAL MEDICAL HISTORY**

If the camper should be restricted on any activities please note: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

If the camper is TAKING ANY KIND OF MEDICATION during camp please note the drug and the dosage:

\_\_\_\_\_

Please note any medical condition or medical history that would require special attention:

\_\_\_\_\_

**I hereby certify that the named camper is in good health and fully able to participate in all activities of the High Potential Volleyball Camps. My camper has no known restrictions, or any other facts, that may limit her/him from participation.**

**Signed:** \_\_\_\_\_ **X Date:** \_\_\_\_\_

Please circle those illnesses or conditions that the camper has had:

German Measles    Measles    Mumps    Asthma    Chicken Pox    Pneumonia    Diabetes    High Blood Pressure

IMMUNIZATIONS (dates):                      ALLERGIES: \_\_\_\_\_                      DRUG REACTIONS: \_\_\_\_\_

Tetanus Toxoid: \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_

Tuberculin Test: \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_

Measles: \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_

Rubella: \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_

Mumps: \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_

**I HAVE READ THE REGISTRATION PACKET AND FULLY UNDERSTAND OUR OBLIGATIONS STATED THEREIN AND ALSO THE RIGHTS OF HIGH POTENTIAL VOLLEYBALL CAMPS, AND HERBY AGREE IN ACCORDANCE.** I further understand that High Potential Volleyball Camps retains the right to use photographs of campers taken at camp for future High Potential Volleyball Camp Promotion.

**Signed** \_\_\_\_\_ **X Date:** \_\_\_\_\_

**WAIVER & RELEASE**

I do hereby acknowledge and understand that my camper's participation is purely and entirely voluntary, and that there are certain substantial and inherent risks involved in the sport. I further acknowledge that the camp shall not in any way be responsible or liable for any injuries, ailments, infirmities, and/or disabilities, which my camper may encounter or sustain as the result of such participation. I understand that the camp will require strenuous exercise, and so requires my camper to be in peak physical condition. I understand the nature of potential risks from injury, and I agree to accept those risks. The camp director has permission to seek medical attention for my camper, and I grant permission for the physician and staff at Virginia Tech or other designated physicians to provide medical treatment in the event of injury or sickness. I understand that every attempt will be made to contact me. 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, the parent (guardian), do hereby agree to the above waiver and release. Name of Participant (print please)

\_\_\_\_\_  
**Signature** of Participant **-OR-** Parent/Guardian (if participant is under 18)\_\_\_\_\_ **X**

Date\_\_\_\_\_ \* Parent or Guardian will be contacted in case of emergency.

### HEALTH INSURANCE INFORMATION

Health Insurance Company: \_\_\_\_\_

Policy/ID Number: \_\_\_\_\_

Policy Holder Name: \_\_\_\_\_

Policy Holder Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_