

# HIGH SCHOOL VOLLEYBALL CAMP

## Player Registration & Liability Waiver:

Players Name:

Grade:

Address:

Phone Number:

High School:

Experience:

## Medical & Insurance Information:

Please note any medical conditions that our staff should be aware of for this camper:(attach additional sheet if necessary). Insurance is required for all camp participants.

Medical Insurance Company

Policy #

Emergency Contact Person

Emergency Contact Phone(s):

## Waiver and Release:

I hereby authorize the staff of High School Volleyball Camp to act for me according to their best judgment in any emergency requiring medical attention, and I hereby waive and release the camp from any liability for any injuries or illnesses incurred while at the camp. I have no knowledge of any physical impairment that would be affected by the named camper's participation in the camp.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_