

Medical Release Approval

Name of Camper T-shirt size:

Age: Date of Birth: Grade:

Email

Mailing Address

City State Zip Code

Parent Cell Phone Number

School

Indoor Club Team (if applicable)

How did you hear about us?

Past Health Past Injuries

Present Medications

Allergies

Emergency Contact

Emergency Contact Phone Number

Insurance Company

Policy Holder

Policy Number

I verify that my child has been checked by a licensed physician and is physically able to participate in the Steve Walker Sand Volleyball Camp. I hereby forever release the Steve Walker Sand Volleyball Camp, LLC, the directors, officers, employees, volunteers, agents, contractors, and representatives (collectively releases) from any and all actions, claims, or demands that I, my assignees, heirs, distributes, guardians, next of kin, spouse and legal representatives now have or may have in the future, for injury, death, or property damage related to my participation in these activities, the negligence or other acts, whether directly connected to these activities or not, and however caused by any Release, or condition of the premise where these activities occur, whether or not I am then participating in these activities. I agree to allow my child to be treated by a first aid provider or licensed physician (if necessary) and to assume all costs related to such treatment. I authorize my insurance company to pay benefits to Student Health service or University Medical Center. Also, I authorize the disclosure of medical information to my insurance for the purpose of claim. This camp is not an official function of The University of Arizona. I grant permission to Steve Walker Sand Volleyball Camp to use photographs or any other record of this event for publicity or other legitimate purpose. Steve Walker Sand Volleyball Camps are open to all, limited only by number, age, and/or gender.

Parent/Guardian Signature Date