

**PLEASE PRINT LEGIBLY!**

**STAR Volleyball Camp – July 10 – 12, 2016  
El Molino High School, Forestville, California**

**REGISTRATION & MEDICAL RELEASE FORM**

Fee: \$300.00 (\$150.00 non-refundable deposit – balance due by May 1, 2016)  
Please make check payable to SHARON LOCHERT, 4725 Arcadia Lane, Santa Rosa, CA 95401

Date: \_\_\_\_\_ Adult T-shirt size: XS S M L XL (*circle one*)  
Player's Name: \_\_\_\_\_ Player's E-mail: \_\_\_\_\_  
Player's Address: \_\_\_\_\_  
Player's Phone: (home): \_\_\_\_\_ (cell) \_\_\_\_\_  
How many seasons has player played competitive volleyball? School \_\_\_\_\_ Club \_\_\_\_\_  
Grade entering Fall 2016: \_\_\_\_\_ School Attending Fall, 2016: \_\_\_\_\_  
Player's Birthdate: \_\_\_\_\_ Doctor's Name: \_\_\_\_\_ Dr. Phone #: \_\_\_\_\_  
Name of Health Ins: \_\_\_\_\_ Ins I.D. # \_\_\_\_\_  
Any known allergies: \_\_\_\_\_  
Any known physical condition(s) that would prevent player from fully participating in volleyball camp: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Parent/Guardian's Phone: (home) \_\_\_\_\_ (cell) \_\_\_\_\_  
In the event of an emergency, if parents/guardian cannot be reached, please contact:  
Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Medical Authorization**

(I)(We) certify that \_\_\_\_\_ is physically fit to take part in the activities of the above referenced camp. If during the course of my daughter's activities in this volleyball camp she should become ill or sustain an injury, I hereby authorize you to obtain emergency medical care. I agree not to hold El Molino High School, any individual from the school or the camp staff, liable for any injury she may sustain while she is participating in camp activities. I authorize emergency medical treatment for my child in the event she needs such treatment and I am unavailable to give consent. Further, (I)(We), the undersigned, parent(s) of \_\_\_\_\_, a minor, do hereby authorize the principal or designee, as agent for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provision of the Medicine Practice Act, whether such a diagnosis or treatment is rendered at the office said physical or at said hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable. This authorization shall be in effect from July 10, 2016 to July 17, 2016, unless sooner revoked in writing delivered to said agent(s).

**Waiver/Release Form**

I, the parent / guardian of the \_\_\_\_\_ (participating player), a minor, agree that the registrant and I will abide by the rules of Sharon Lochert, STAR Volleyball Camps, Tom Houser, El Molino High School, West Sonoma County Union High School District, and its affiliated organizations and sponsors. Recognizing the possibility of physical injury, associated with volleyball and in consideration for Sharon Lochert accepting the registrant for her volleyball programs and activities, I hereby release, discharge and/or otherwise indemnify the Sharon Lochert, STAR Volleyball Camps, Tom Houser, El Molino High School, West Sonoma County Union High School District, all Board members, coaches, its affiliates, organizations and sponsors, their employees and associated personnel, including the owners of the gym and facilities used for the programs, against any claims by or on behalf of the registrants as a result of the registrant's participation in the programs and/or transportation to or from the same, which transportation I hereby authorize. I authorize use of player photos on the league's website or in newspapers.

\_\_\_\_\_  
Parent or Guardian – Signature      Print Name      (Relation to Player)      Date

\_\_\_\_\_  
Parent or Guardian – Signature      Print Name      (Relation to Player)      Date

\_\_\_\_\_  
Printed Name of Participant

\_\_\_\_\_  
Address of Participant      City      State      Zip Code