



## Advanced Volleyball Camp Medical Waiver

Location: Kingston Sports Center

Cost: \$495

Name \_\_\_\_\_ Phone \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ Shirt Size \_\_\_\_\_

Special Requests: \_\_\_\_\_

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### General Release – Consent Form for Medical Treatment

I, \_\_\_\_\_, do hereby consent to my child's participation in the South Shore Girls Volleyball League, a voluntary athletic/recreational program and do forever release, discharge, indemnify and hold harmless South Shore Vocational High School, its agents, servants and employees, from any actions, causes of action and claims for personal injury (ies) or damages on account of, or in any way arising out of my child's participation in this program, which they may have now or in the future. I further release, discharge, indemnify and hold harmless the school from any claims or rights of action for personal injury (ies) or damages which my child may receive or hereafter may acquire resulting from or in any way arising out of their participation in volleyball.

I hereby authorize the school or its agents to transport my child to a hospital or to place them in the care of an ambulance attendant(s) for transportation to the hospital and give my consent for emergency medical care by a licensed Doctor of Medicine or Dentistry as may be warranted to preserve my child's well being.

Parental Signature \_\_\_\_\_ Dated \_\_\_\_\_

Medical Insurance Policy Number \_\_\_\_\_

This camp is being offered through USA Volleyball and more specifically SAVBC