

**Memphis Volleyball Camp Medical Waiver Form**

Please print clearly

Camper's Name: \_\_\_\_\_ School: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home phone: \_\_\_\_\_

Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Please indicate another person to call if an accident occurs and we are unable to reach you:

Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Primary Care Giver's Insurance Information Company: \_\_\_\_\_

Policy No: \_\_\_\_\_ Insurance Company Contact #: \_\_\_\_\_

Secondary Insurance plan (if applicable) \_\_\_\_\_

Is your camper presently on medication? \_\_\_\_\_ if yes, please list medication (s): \_\_\_\_\_

Drug Sensitivities: \_\_\_\_\_

Other Allergies: \_\_\_\_\_

Any other information that the training staff should be made aware of: \_\_\_\_\_

Date of camper's last complete physical examination by a medical doctor: \_\_\_\_\_

Has a medical doctor ever told you that you were anemic or had sickle cell anemia? \_\_\_\_\_

Have you ever been "knocked out" or experienced a concussion during the past 3 years? If so, give the dates of each \_\_\_\_\_

I, (the undersigned parent or guardian), do hereby authorize the athletic trainer or coaching staff of The Memphis Volleyball Camp to secure any and all medical treatment in the event that I cannot be contacted. I further authorize any attending physician to render any and all medical care which he/she may deem necessary. I release the Memphis Volleyball Camp, and all their affiliated entities from any and all liability, claims, demands, and causes of action for personal injury or loss suffered by my child in connection with participation in this Camp. I, (the undersigned parent or guardian), also certify that my child is physically fit to attend and participate in The Memphis Volleyball Camp.

\_\_\_\_\_  
Signature (Parent or Guardian)

\_\_\_\_\_  
Date