

## Volleyball West Camp

Camper Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name of Camp \_\_\_\_\_ Dates of Camp \_\_\_\_\_

### Medical Information

Any known allergies, illnesses, injuries, or disabilities?

Medications \_\_\_\_\_

Physician Name \_\_\_\_\_ Phone # \_\_\_\_\_

Physician Address \_\_\_\_\_

### Insurance Information

Insurance Company \_\_\_\_\_ Phone# \_\_\_\_\_

Policy Holder's Name \_\_\_\_\_

Policy # \_\_\_\_\_ Group# \_\_\_\_\_

### Emergency Contact Information

#1 Emergency Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home# \_\_\_\_\_ Work# \_\_\_\_\_ Cell# \_\_\_\_\_

#2 Emergency Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home# \_\_\_\_\_ Work# \_\_\_\_\_ Cell# \_\_\_\_\_

### Parental/Guardian Release

I hereby:

1. Give permission to the above name participant to attend and participate in VW Camp referenced above.
2. Give permission to the camp staff to render preventative, first aid, or emergency treatment, or all of the foregoing, necessary to the camper's health and well-being. In the event of serious injury/illness, the need for major surgery, or significant accidental injury, I understand an attempt will be made by the camp staff to notify the designated emergency contacts as soon as possible. If a camp staff is unable to communicate with me, the treatment deemed necessary for the camper's health and well-being may be given.
3. Certify that, to the best of my knowledge, the medical information above is correct.
4. Agree to assume all risk arising from camper's participation in camp activities, including but not limited to any activities that may present risk of bodily injury.
5. Agree to save, hold harmless, discharge and release Volleyball West for any and all liability, claims, and causes of action, damages or demands in connection with participant participation in camp activities.
6. Understand that any medical expenses for the participant's health and well-being will be my own responsibility.

Parent or Guardian Name: \_\_\_\_\_

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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### All Skills Camp June 23<sup>rd</sup> & 24<sup>th</sup>

\_\_\_\_\_ 7<sup>th</sup> Grade – 12<sup>th</sup> Grade: 9am -12pm & 1pm-3pm \$90

\_\_\_\_\_ 3<sup>rd</sup> – 6<sup>th</sup> Grade: 4pm-7pm \$60

### Team Camps July 14<sup>th</sup>-16<sup>th</sup>

\_\_\_\_\_ High School: 9am-12pm & 1pm-3pm \$150

\_\_\_\_\_ Middle School: 9am-12pm \$90

\_\_\_\_\_ 3<sup>rd</sup>-5<sup>th</sup> Grade: 4pm-6pm \$60

T-Shirt Size Youth S \_\_\_\_\_ Youth M \_\_\_\_\_ Youth L \_\_\_\_\_ Youth XL \_\_\_\_\_

Adult S \_\_\_\_\_ Adult M \_\_\_\_\_ Adult L \_\_\_\_\_ Adult XL \_\_\_\_\_ Adult XXL \_\_\_\_\_

To reserve your spot in camp, please fill out the form and email [ashley@heal-love.com](mailto:ashley@heal-love.com) or text 541-232-6667 by June 21<sup>st</sup> (skills) or July 7<sup>th</sup> (team) and bring your form with payment to camp.