

**2008 Todd Kress Florida State Volleyball Camps
Parental Consent Form**

(Print child's complete name)

A) I _____ approve my child's participation in the
(Print your name)
2008 Todd Kress Florida State Volleyball Camp to be held on the campus of
Florida State University.

I understand that in order for my child to participate in the camp, I must provide a copy of proof of medical insurance to accompany the registration form. Please list any medical conditions and current medications that the Camp Director, Todd Kress should be aware of:

_____	_____
_____	_____
_____	_____
_____	_____

If the Camp Director, Todd Kress determines that a student's activities while attending the camp are contrary to the general operational, safety and health policies of the university, the parent or guardian agrees to pick up their child from camp.

Your signature signifies that you are in agreement with Section A.

Signature

Date

B) In case of a medical emergency, please indicate a secondary contact with the authority to initiate medical treatment, in the event that we are unable to contact you:

In the event that we are unable to contact either you or the secondary contact, I, _____, authorize that the Camp Director, Todd Kress,
(print your name)
use his discretion in initiating medical treatment.

Your signature indicates that you are in agreement with Section B.

Signature

Date