



MATCHPOINT
BETTER VOLLEYBALL

Matchpoint Volleyball Medical Consent Form

PO Box 218415
Columbus, OH 43221
(614) 206-6140

PARENT CONSENT AND WAIVER OF RESPONSIBILITY

PLEASE RETURN BY MAIL OR BRING WITH YOU TO REGISTRATION

CAMP/CLINIC/PRIVATE LESSON: _____

It is agreed that all risks attendant to watching and/or participating in camp activities, including, but not limited to bodily injury, are assumed by the participant and his/her parents and/or legal guardian and that this assumption is acknowledged, approved, and agreed to by said participant and his/her parents and/or legal guardian as indicated by their signature hereto. It is agreed that parents and/or legal guardian agree to be financially responsible for any costs involved after the parent's/legal guardian's insurance has paid.

In consideration of the Matchpoint Volleyball Inc. acceptance of _____
(Camper's Name)
as a participant for the camp for the period mentioned above: _____

I hereby certify the named camper is physically able to participate in the Matchpoint Volleyball Inc. Sports camp and that I know of no physical impairments which would in any manner limit his/her participation in such a program.

I hereby grant permission for physicians, dentists, other licensed health care providers and their designees to administer outpatient medical, surgical, or dental services as appropriate, or necessary antigens or other injections, to perform emergency procedures as necessary or refer to duly licensed medical personnel when indicated.

Parent or Legal Guardian Signature

Date

MEDICAL INFORMATION

Medical Insurance Company: _____ Policy # _____

Address: _____

Phone: _____

Medical History (if pertinent): _____

Allergies, present medications, special considerations:

Parent/Guardian: _____

Address: _____

City: _____ State: _____ Zip: _____

EMERGENCY CONTACT NUMBER

Name: _____ Relationship to Athlete: _____

Home Phone #: _____ Work #: _____ Cell Phone #: _____