

BRING THIS COMPLETED FORM TO CAMP CHECK-IN

Name of Participant: _____

Address: _____

Date of Birth: _____ Social Security Number: _____

PARENT CONSENT, WAIVER AND RELEASE

I, the undersigned Parent/Guardian of the above-referenced minor participant acknowledge that I understand and hereby consent as follows:

The named participant has registered to participate in Kerry Messersmith’s Volleyball Camp (hereafter “the camp”) to be held on the campus of UAB. I understand and acknowledge that there are some risks involved in participation, including but not limited to risk of physical injury, and that I have been informed of those risks and agree to release and discharge Kerry Messersmith’s Volleyball Camp, its employees and agents and The Board of Trustees of the University of Alabama (“the Board”), The University of Alabama at Birmingham (“UAB”), their officers, directors, employees and agents from any and all liability, claims, demands and causes of action or other loss suffered by the participant in connection with participation in the camp excepting only liability, claims and expenses arising out of the sole negligence of Kerry Messersmith’s Volleyball Camp, the Board, UAB or the officers, directors, employees and agents thereof.

I warrant and represent, to the best of my knowledge and belief that the participant is healthy and able to participate in the camp, and I agree to notify camp administrators of any allergies or other physical, mental or emotional condition that might limit the participant’s ability to safely participate in the camp activities.

I give permission to Kerry Messersmith’s Volleyball Camp, its trainers or other staff members and agents to provide such emergency care and treatment to the participant, as in their judgment may be deemed necessary or advisable in the event that the participant should require emergency care while participating in the camp. I agree to assume the costs of such emergency care and treatment, if any such costs are incurred.

Parent or Legal Guardian Signature

Date

Daytime Phone

Campers WILL NOT be accepted until insurance information is provided.

MEDICAL INFORMATION

Medical Insurance Company: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Group # _____ I.D.# _____

Medical History (if pertinent): _____

Allergies, present medications, special considerations: _____

Parent/Guardian: _____ Phone #: _____

Address: _____ City: _____ State: _____ Zip: _____

EMERGENCY MEDICAL INFORMATION

Name (_____) AC Phone (HOME AND ALT.)

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