

# BADIN VOLLEYBALL CAMP REGISTRATION FORM

Complete this form and *Emergency Medical Release* and return both forms to the address given.

**\*\*All confirmations will be done via email\*\***

Camper's name: \_\_\_\_\_ Grade: 5-6 7-8 9

Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_ Time: AM PM

City, State, Zip: \_\_\_\_\_ Adult T-shirt size

Home Phone: \_\_\_\_\_ S M L XL

Parent's cell phone: \_\_\_\_\_

Email address (mandatory for camp confirmation)

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Emergency Contact: \_\_\_\_\_

Phone Number: \_\_\_\_\_

# Emergency Medical & Release Form

Camper's Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

(if parents can not be contacted)

Relationship to Camper: \_\_\_\_\_

Please identify any relevant medical history (e.g. allergies, medications, or impairments) to which a physician treating your child should be alerted. (use back if necessary)

\_\_\_\_\_  
\_\_\_\_\_

In the event that reasonable attempts to contact me/us are unsuccessful, I/we give Consent to any treatment deemed necessary by the physician or dentist named above or by another licensed physician or dentist, and for the transfer of the camper to the hospital named above or to any hospital reasonably accessible. I give my daughter permission to participate in a Badin High School sports camp. I certify that she is physically fit to participate in supervised athletic situations. I have listed below any and all limitations that should be placed on her athletic participation. My daughter is fully covered by medical insurance. Should she sustain any injuries at this camp, I will not hold Badin High School or its coaches, camp staff, or other participants responsible.

Limitations of Athletic Participation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_