

April Jauregui Volleyball Camp @ FACS Medical Release Form

Camper's Name: \_\_\_\_\_ School: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell  
phone \_\_\_\_\_

**Please indicate another person to call if an accident occurs and we are unable to reach you:** Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Parent/Guardian Insurance Information:

Primary Care Giver's Insurance Information Company: \_\_\_\_\_

Policy No: \_\_\_\_\_ Insurance Company Contact #: \_\_\_\_\_

Is the camper presently on medication? \_\_\_\_\_ if yes, please list medication  
\_\_\_\_\_

Drug Sensitivities: \_\_\_\_\_

Other Allergies: \_\_\_\_\_

Any other information that the staff should be made aware of: \_\_\_\_\_

Date of camper's last complete physical examination by a medical doctor: \_\_\_\_\_

Has a medical doctor ever told the camper they were anemic or had sickle cell anemia? \_\_\_\_\_

Has the camper ever been "knocked out" or experienced a concussion? If so, give the dates of each \_\_\_\_\_

I, (the undersigned parent or guardian), do hereby authorize the athletic trainer or coaching staff of April Jauregui Volleyball Camp to secure any and all medical treatment in the event that I cannot be contacted. I further authorize any attending physician to render any and all medical care which he/she may deem necessary. I the April Jauregui Volleyball Camp and all their affiliated entities from any and all liability, claims, demands, and causes of action for personal injury or loss suffered by my child in connection with participation in this Camp. I, (the undersigned parent or guardian), also certify that my child is physically fit to attend and participate in the April Jauregui Volleyball Camp.

\_\_\_\_\_

Print Name

Signature

Date