

**Covenant College**

**Winter Youth Volleyball Clinic**

**Participant Information & Medical Waiver**

**\*Please print, fill out and bring a signed copy with you to registration \***

Participant's Name \_\_\_\_\_ Age \_\_\_\_\_ Position \_\_\_\_\_

In case of emergency, contact \_\_\_\_\_ Relationship \_\_\_\_\_

Emergency contact phone # \_\_\_\_\_ Secondary \_\_\_\_\_

Medical Insurance Co. \_\_\_\_\_ Phone # \_\_\_\_\_

Policy No. \_\_\_\_\_ Group No. \_\_\_\_\_

Physician Name \_\_\_\_\_ Phone # \_\_\_\_\_

Medical conditions the camp staff, athletic trainer, and medical emergency services personnel need to be made aware of: \_\_\_\_\_

I wish to register my minor child, \_\_\_\_\_, and consent to my child's participation in the Covenant Volleyball Youth Clinic, put on by the Covenant College Volleyball Staff. I recognize that participation in recreational and instructional activities, even when well supervised and managed pose a risk of physical injury to my child, and I agree to assume such a risk on behalf of my child. I understand that youth registered for the Covenant Volleyball Camp(s) will receive instruction in the basic principles of volleyball and will spend a significant amount of time practicing and performing a variety of enrichment techniques under the supervision of experienced instructors. By signing this form, I consent to my child's participation in this youth clinic. I certify that my child has no medical condition or impairment, including the use of medication that might inhibit his performance.

**RELEASE OF LIABILITY:**

I, the undersigned, hereby hold Covenant College and the entire Covenant Volleyball Camp Staff harmless from liability for any and all medical and/or accidental expenses which my minor child may incur during her involvement in the Covenant Volleyball Camp(s) at Covenant. I hereby certify that my child is provided coverage via personal health and accident insurance in effect which is sufficient to cover any and all of the expenses, noted above, which might incur during participation in camp activities. **Furthermore, I acknowledge that any damage to the facilities or property of Covenant College due to the actions of any camper will lead to subsequent billing directly to the parent of the corresponding child.**

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Print Parent/Guardian Name \_\_\_\_\_