

Diggin' Divas Volleyball Camp

Camper Name: \_\_\_\_\_ Grade in Fall 2014: \_\_\_\_\_

Size of Shorts –please circle one~ Girl's S M L Adult XS S M L XL

Parent/Guardian Name: \_\_\_\_\_

Parent email: \_\_\_\_\_

Emergency Contacts: 1st contact #: \_\_\_\_\_

2nd contact #: \_\_\_\_\_

Medical Treatment Release We do hereby acknowledge that we have been advised, cautioned, and warned by the staff of the Neligh-Oakdale Volleyball Youth Camp, that our child may suffer an injury, by participating in sports. Notwithstanding such warnings, and with full knowledge and understanding of the risk of injury, our student has our consent to participate in this camp. In the event that an emergency arises during the camp, an effort will be made to contact the parents or guardians as soon as possible. If the parents or guardians cannot be reached, permission is hereby granted to transport my child to an attending physician who may proceed with any emergency medical or minor surgical treatments, X-ray examinations and immunizations for this athlete.

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

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