

David Rehr Volleyball Camp Emergency Contact Information

Camper's Name: _____

Mailing Address: _____

City: _____ Zip Code: _____ Home Phone: _____

Emergency Contact Person: _____ Contact Number: _____

Mother: _____ Daytime: _____

Father: _____ Daytime: _____

Other Contact Numbers: _____

E-Mail Address: _____

(PLEASE PRINT CLEARLY)

Please list all known **medical conditions** for the camper listed above: _____

Please list any and all **medications** that the above camper is currently taking: _____

Next Level Volleyball Summer Camp Participation Waiver

I hereby authorize Next Level Volleyball (NLV), their employees and agents to act for me, according to their best judgment and according to good faith, in any emergency situation, medical or otherwise. I understand that I am required to notify NLV in writing of any special directives (i.e. for religious or personal reasons) that I wish to apply to my care in the event of my incapacitation.

Next Level Volleyball, its agents, counselors, coaches and administration will not be held responsible for any injury or loss of property to any person suffered while participating in camp volleyball activities for any reason, including ordinary negligence. I have read and fully understand that by signing this agreement I am giving up legal rights and remedies. I also understand Next Level Volleyball **DOES NOT** provide health insurance for my participation in this activity. I agree to follow and abide by the regulations and rules of NLV as they pertain to camp volleyball activities.

I understand that participation in volleyball and camp activities involves certain risks and danger and that volleyball is a vigorous activity involving severe respiratory and cardiovascular stress.

GUARDIAN SIGNATURE: _____

RELATIONSHIP: _____

DATE: _____

MEDICAL INSURANCE PROVIDER: _____

POLICY NUMBER: _____

(Please attach copies of insurance card)