

# Tommy Harold Volleyball Camps

Player's Name: \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

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

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

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

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

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
(In the event a parent or guardian cannot be reached)

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Does the participant have any known allergies (medicinal or environmental)? Yes No

If Yes, please list: \_\_\_\_\_

Is the participant currently taking medication? Yes No

If Yes, please list: \_\_\_\_\_

Does the participant have any chronic illnesses or injuries? Yes No

If Yes, please list: \_\_\_\_\_

## Consent for Emergency Treatment

I give permission to the staff of Tommy Harold Volleyball Camps to administer emergency treatment to my child. In the case of an emergency, every effort will be made to contact the parent/guardian. Campus police/personnel or ambulance services may escort my child to Thibodaux Regional Medical Center.

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

\_\_\_\_\_  
Date

## Liability Waiver

I hereby release Tommy Harold Volleyball Camps and its agents from all claims that I may have against it, now and in the future, for any injury that my minor child may incur as a result of my child's participation in the event(s) described above. I understand fully and accept the risks that are inherent in the described activities. With full understanding of the risk involved, I waive my right (and my child's) to sue Tommy Harold Volleyball Camps for any injury sustained through my child's or Tommy Harold Volleyball Camps negligence. I further agree to indemnify Tommy Harold Volleyball Camps and its agents for any damages that may be assessed against it or them in court of law pursuant to any claim that me or my child might bring from the even(s) described above.

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

\_\_\_\_\_  
Date