

Mountain Home High School Volleyball Camp 2019

Camper Information Name:

Address:

City: _____

State: _____ Zip: _____ Phone: _____

E-Mail Address: _____

School: _____

Grade (next fall): _____

Club team: _____

Position(s): _____

FEES: \$50

Make check payable to: MHHS Volleyball

Circle T-shirt size: **Youth Sizes** M L **Adult Sizes** S M L XL XXL

Parent/Guardian Information Name(s): _____

Cell Phone: _____

Emergency Contact Name and relationship:

Emergency Contact Phone:

Medical Waiver and Consent Form

The undersigned parent or guardian of the applicant, _____, for and in further consideration of the Volleyball Camp accepting said applicant, does hereby release and discharge Mountain Home High School and their coaches from any and all debts, claims, demands, actions, damages, causes of action, judgments or suits of any kind, even where they have been negligent, which may arise or be occasioned as a result of the applicant's participation in the Volleyball

Camp and hereby, agree to have and indemnify and keep harmless Mountain Home High School, Inc., their coaches against any and all liability, claims, judgments or demands for damages, even where they have been negligent, arising as a result of any course instruction given the applicant by the Volleyball Clinic. I/We being the parents and /or legal guardians of the applicant authorize Mountain Home High School and their coach's permission to request emergency medical treatment or care as necessary to ensure the well-being of the participant. Further, I claim that the registrant has had a physical examination in the past year and was found fit for all physical endeavors.

Parent or guardian signature

Parent/Guardian Signature Date Insurance Policy

Holder: _____

Insurance Company:

Policy/Group #:

Pre-existing medical conditions:
