





Physician's name (please print): \_\_\_\_\_

Physician's signature: \_\_\_\_\_

Today's date: \_\_\_\_\_

**EMERGENCY NOTIFICATION (if parent can not be reached)**

Name: \_\_\_\_\_

Relationship to participant: \_\_\_\_\_

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

Street

City

State

Zip

Phone numbers: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Home Work

(\_\_\_\_) \_\_\_\_\_  
Cell

**AUTHORIZATION FOR MEDICAL CARE**

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my permission for routine emergency medical treatment by any medical doctor or hospital, as may be required on an emergency basis.

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

Today's date: \_\_\_\_\_

**AGREEMENT AND RELEASE**

This agreement and release is made this \_\_\_\_\_ day of \_\_\_\_\_.  
Whereas the undersigned fully understand, acknowledges, and agrees that this sport of Volleyball is a competitive sport and further, that participation in this sport can sometimes result in injury.

Therefore, in consideration of allowing the undersigned to participate in the Centre College Volleyball Camp scheduled for June 14 – 17, 2007, the undersigned and his / her parents or guardians mutually agree as follows:

To hereby release and forever discharge James Neyhouse , and members of his camp staff and their respective heirs, personal representatives, successors, assigns, as well as Centre College, its successors and assigns, agents, representatives, officers, trustees, and employees from any and all causes of action, claims, demands, suits, damages, medical and hospital expenses and sums of money and / or judgments arising at any time prior to, through and beyond the date of this agreement and release which relates in any manner whatsoever to the undersigned's participation in the Centre College Volleyball Camp as directed about.

\_\_\_\_\_  
Volleyball Camp Participant  
Signature

\_\_\_\_\_  
Parent (s) or guardian (s) signature  
Of camp participant