

JCSP Volleyball Camp
RELEASE STATEMENT

I/we, the undersigned, hereby certify that I am/we are the parent(s) or legal guardian(s) of the camper. I/we hereby authorize the staff of the JCSP Volleyball Camp to act for me according to their best judgment in providing or arranging for emergency care in any emergency requiring medical attention. I/we hereby waive, release, absolve, indemnify, and agree to hold harmless JCSP Volleyball Camp employees, suppliers, sponsors, and participants for any and all liability and for any and all injuries or illness incurred while at camp. I/we acknowledge that participation in this camp may result in accidents and/or injuries. Even though I know that there are risks involved, I still give my approval for my child to participate in any and all camp activities and I expressly assume all risks and hazards incidental to such participation. I have no knowledge of any physical impairment or health problems that would be affected by my child's participation in JCSP Volleyball Camp.

By signing this form, I/we acknowledge that I have read and understand the above warning.

Signature _____

Date _____

Name of Insurance Carrier _____

Policy Number _____

Parental Consent Form

Please Print Camper Name _____

Birth day _____ / _____ / _____

Month/Day/Year

Parent/Guardian

Name _____ Relationship _____

Text Number _____ Email _____

Allergic Reaction to drugs, food, asthma?

Yes _____ No _____

If yes, please explain:

Taking Medications at this time? Yes _____ No _____

If yes, please explain

*All campers must have their own medical insurance.