

Northern Lights Volleyball Club
Summer Camp 2009
Medical Release Form

Player Name: _____
Please print neatly

Parent/Guardian: I verify that my child has received a physical examination within the past 12 calendar months and is physically and mentally fit to participate in an athletics/sports camp. I give my permission for my child to be treated by the appropriate medical personnel for any illness/accident while attending camp.

I understand that any sports activity carries a risk of personal injury and hereby release Northern Lights Volleyball Club from all liability arising from participation in this volleyball program.

Signature of Parent/Guardian

Date

Please indicate any special medical problems (medicine, injury, allergies) of which we should be aware:

THIS FORM MUST BE RETURNED TO NORTHERN LIGHTS VOLLEYBALL CLUB PRIOR TO THE BEGINNING OF CAMP IN ORDER FOR YOUR CHILD TO PARTICIPATE.

Mail with your camp fee to:

Northern Lights Volleyball Club
Summer Camp 2009
P. O. Box 706
Palmer, AK 99645