

**Northern Lights Volleyball Club**  
**Summer Camp 2010**  
**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 2010  
P. O. Box 706  
Palmer, AK 99645