

Northern Lights Volleyball Club
Summer Camp 2012
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 COMPLETED AND 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 2012
P. O. Box 706
Palmer, AK 99645