



UNIVERSITY OF HOUSTON

VOLLEYBALL CAMP MANUAL



MANDATORY MEDICAL RELEASE & WAIVER STATEMENTS:

I, the undersigned, as the parent or legal guardian of the camper hereby authorize such diagnostic, medical and/or surgical treatment of, and/or administration of medication to such minor as may be considered necessary or appropriate under the circumstances for the treatment of any condition, illness or injury of the minor. The attending physician, appropriate staff, and The University of Houston and its officers, regents, employees, and/or volunteers shall not be responsible in any way for any consequences from said diagnostic, medical and/or surgical treatment, or administration of any medication, and are hereby released from any and all claims and causes of action that may arise, grow out of, or be incident to such diagnosis, treatment, or surgery, or administration of medication provided that these services are performed with ordinary care and to the best of their ability. I confirm that the below information is true to the best of my knowledge, and that I am not aware of any additional restrictions, special diets, medications, or conditions, required in order for my child to participate in the University of Houston sports camp activities other than as I have noted below.

CAMPER'S FIRST & LAST NAME

PARENT/GUARDIAN NAME

PARENT/GUARDIAN SIGNATURE

PARENT/GUARDIAN EMAIL

PARENT/GUARDIAN CONTACT #

DATE

CAMP(S) ATTENDING: 4-Day I 4-Day II Advanced 2-Day

Insurance Information

Insurance Company:

Name of Insured:

Insurance Policy Number:

Physician's Name:

Physician's Phone Number:

List of Current Medications:

List of Allergies:

List of Conditions, Restrictions, Special Diets, or Concerns:

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