

RHODE ISLAND VOLLEYBALL, INC.
MEDICAL/INSURANCE/PARENT PERMISSION FORM

Please fill out and mail to complete your registration. Mail to: 262 Table Rock Rd., Wakefield, RI 02879 . You may also fax your form to (401) 792-3971. You can not participate in any activity until we have a completed form. You do NOT need to have a physical or doctor's signature.

(Please Print Clearly)

MEDICAL RELEASE:

Camper Name:

_____ / _____
(Last) (First)

Camper Address:

_____ / _____ / _____
(City) (State) (Zip)

Parent's or Guardian's Names

Emergency Telephone Numbers: Home: () _____

Father's Work: () _____ Father's Cell: () _____

Mother's Work: () _____ Mother's Cell: () _____

Alternate Emergency Contact: _____
() _____

Is there any medical information that Rhode Island Volleyball, Inc. personnel should know about while you are attending the camp? If yes, explain: (Use back if necessary)

Are there any medications that you will be taking while at camp? If yes, please list:

**** Please attach any additional information you think is important ****

INSURANCE – Please attach a photocopy of your Insurance Card.

The above named camper is covered under the following Health Insurance Company:

Policy Number: _____

Name of Policy Holder: _____

PARENT PERMISSION, RELEASE AND WAIVER:

By signing this form I hereby give the above named player permission to participate in Rhode Island Volleyball Inc. activities for the current year as dated below. I assume responsibility for any damage done by the above named athlete to the University's property, and realize refusal to adhere to the regulations will result in immediate dismissal, of the above named participant, from all activities without refund. Furthermore, I understand my signature relieves the University of Rhode Island, the Board of Governors for Higher Education, their agents and employees, the State of RI, Rhode Island Volleyball, Inc., the Rhode Island Volleyball Camp and their designated representatives, the Rhode Island Juniors' Volleyball Club and their designated representatives, of liability incurred in the event of the above named camper's injury. I also give permission for authorized medical/dental personnel and/or South County Hospital to treat my child in the event of an emergency.

Parent's or Guardian's Signature

Date