

Camper Name: _____
Camp Attending: Youth (6/14-6/16)
(circle one) ASC1 (7/8-7/11)
ASC2 (7/12-7/16)

**Athletic Camp/Clinic Sports Medicine Information Sheet
Cavalier Volleyball Camps 2017**

Please provide the following medical information for your child.

Primary emergency contact (Name, relationship, phone number)

Name _____
Relationship _____
Phone Number _____

Secondary emergency contact (Name, relationship, phone number)

Name _____
Relationship _____
Phone Number _____

Allergies (medication, food, bee sting, poison ivy, etc.)

Please describe the nature of the reaction (rash, hives, difficulty breathing, etc.)

Injury history (eg. recent sprains, fractures):

Medical conditions (eg. asthma, diabetes, cardiac disorders, seizure disorders)

Medications currently taking

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RELEASE & CONSENT

Cavalier Volleyball Camp AGREEMENT

Cavalier Volleyball Camp is sponsored and run by Coach Aaron Smith, and it may be held at the University of Virginia and use some of the University's facilities. However, Cavalier Volleyball Camp is not sponsored or run by the University, and Coach Smith and his assistant coaches are not employees or agents of the University in their operating the camp. Please read the following agreement carefully before signing. Although camp participation is encouraged, it is encouraged only if health and safety are considered.

CERTIFICATION OF PHYSICAL FITNESS TO PARTICIPATE:

1. I understand that a risk of participating in any sport, including Cavalier Volleyball Camp, is the risk of injury, including but not limited to serious permanent injury, paralysis, and death. To minimize the risk of injury, I agree to tell my child to obey all safety rules and to report fully any problems related to his/her physical condition to the summer camp coaches or assistants as soon as the problem begins.
2. By signing below, I certify the following:
 - That my child is not currently under the care of a physician for an injury or illness that would prevent his/her safe participation in the summer camp;
 - That my child is not currently being treated for or recovering from an orthopedic injury that would prevent his or her safe participation in the summer camp;
 - That my child has no history of fainting or other problems related to strenuous exercise; and
 - That my child is in good health and there is no reason he or she cannot safely participate in strenuous physical activity.

Parent/Guardian Signature _____ Date: _____

CONSENTS:

1. By my signature below, I hereby give permission for Cavalier Volleyball Camp and its employees and agents to obtain medical treatment for my child, _____, in the event of accident or illness during his/her presence at the camp.
2. By my signature below, I hereby give consent to have my child be photographed or video- or audio-taped during camp activities, and I agree that the images so obtained may be used for educational and public relations purposes by Cavalier Volleyball Camp.

Parent/Guardian Signature _____ Date: _____

RELEASE:

1. In consideration for accepting my child into Cavalier Volleyball Camp, which uses University facilities, I do hereby agree that I am and shall be responsible for all costs associated with any injury or loss that may be sustained by my child as a result of his or her participation at the camp. I also certify that I have health insurance, which provides adequate coverage for injuries or illness my child may sustain while participating in Cavalier Volleyball Camp.
2. By my signature below, I also agree to release and promise not to sue the Commonwealth of Virginia, the University of Virginia, or their employees or agents, for any damages, loss, injury, or death arising from my child's participation in Cavalier Volleyball Camp, unless such damages, loss, injury or death are caused by the gross negligence or intentional gross misconduct of such employees or agents.

Parent/Guardian Signature _____ Date: _____

***In addition to this signed release, please submit a front and back copy of the camper's insurance card.**