EAST COAST ELITE VOLLEYBALL CLUB
RELEASE AND WAIVER OF LIABILITY
MEDICAL HISTORY FORM

2021 ECE Volleyball Club Summer Camp

Camper's Full Name (First, Last): _____

Birth Date: __/__/____ (mm/dd/yyyy) **Grade: __ (as of 9/1/2021)**

Does the camper have any allergies? ___No ___Yes List: _____

Is the camper currently on any medications? ___No ___Yes List: _____

If you have a Yes answer to any of above,

you must include a physician's permission in writing to participate ECEVBC's activities.

IN CASE OF EMERGENCY

Camper's Father's Name: _____

Father's Cellphone: (___) ___ - ____ Email:_____

Mother's Name: _____

Mother's Cellphone: (___) ___ - ____ Email: _____

Other Emergency Contact Name: _____

Cellphone: (___) ___ - ____

Medical Insurance Company Name _____ Policy No. _____

Group No. _____

Any instructions regarding the above listed medical insurance:

_____

I/We, the undersigned, hereby verify that I/we am/are the parent/legal guardian of the camper. I hereby give permission for the staff of the camp to seek, during the period of camp, appropriate medical attention for the camper and for medical attention to be given and for the camper to receive medical attention in the event of an accident, injury or illness. I will be responsible for any and all costs of medical attention and treatment.

I/We, the undersigned, for ourselves and/or as guardians of (Print Camper's Name Here)__ understand that volleyball is an active, physical sport and that injuries can take place during play. I/We also understand that there will be a number of children attending camp, there will be a limited number of coaches and/or counselors, and my/our child cannot receive individualized attention and supervision all of the time. I/We understand that, as with any sport, injuries can occur, and we hereby acknowledge that my/our child is physically fit and mentally capable of participating in these camp activities. I/We also understand that it is my/our responsibility in caring for the camper listed above, to be assured that he/ she is fully capable of engaging in this sport's activity, and I/we are confident that he/she is able to engage in such sport.

I hereby certify that I am eighteen (18) years of age or older, suffering under no legal disabilities, that I have read the foregoing document carefully and hereby sign this agreement voluntarily and for my own free will.

Parent/Guardian Signature_____ Date: __/__/____ (mm/dd/yyyy)

Print Parent/Guardian Name _____