

Give it Back Foundation Volleyball Camp Medical & Activity Release Form

Child's Name:	
Health Insurance Company Name:	
Insurance Company Address:	Phone Number:
Health Insurance ID #:	Group Number:
Name of Insured:	Plan Code(If Blue Cross/Blue Shield):
Name and Address of Insured's Employer:	

EMERGENCY CONTACT INFORMATION
If the camp personnel accompanying your child cannot reach either parent/guardian, please list two friends or relatives who would have the authority to advise us regarding your child:
1. Name and Relationship to child:
Contact phone numbers (day and evening):
2. Name and Relationship to child:
Contact phone numbers (day and evening):

Last Name: _____ MEDICAL INFORMATION/RELEASE FORM _____,2019															
Child's Doctor: (Name, Address and Phone Number)															
Date of Last Physical Exam: _____															
Please circle or list any medical conditions pertinent to your child (provide details as necessary):															
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; padding: 2px;">Allergies</td> <td style="text-align: center; padding: 2px;">Diabetes</td> <td style="text-align: center; padding: 2px;">Cardiac Concerns</td> </tr> <tr> <td style="padding: 2px;">Food/Medication</td> <td style="padding: 2px;">Insulin Dependent Pump</td> <td style="padding: 2px;">Epilepsy Fainting</td> </tr> <tr> <td style="padding: 2px;">Other _____</td> <td colspan="2" style="padding: 2px;">Other _____</td> </tr> </table>	Allergies	Diabetes	Cardiac Concerns	Food/Medication	Insulin Dependent Pump	Epilepsy Fainting	Other _____	Other _____		<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; padding: 2px;">Asthma</td> <td style="padding: 2px;">Other:</td> </tr> <tr> <td style="padding: 2px;">Inhaler?</td> <td style="padding: 2px;">_____</td> </tr> </table>	Asthma	Other:	Inhaler?	_____	
Allergies	Diabetes	Cardiac Concerns													
Food/Medication	Insulin Dependent Pump	Epilepsy Fainting													
Other _____	Other _____														
Asthma	Other:														
Inhaler?	_____														
Will your child have any medications with them during camp? If yes, please give the name of the medication and reason it is given:															
Please describe and date any injuries and/or operations:															
Complete if Applicable: The activities in which my child may participate are limited as follows: (Please state nature of limitation and reasons)															

ACTIVITY RELEASE FORM

Read Carefully Before Signing

ANY PARTICIPANT OR PARTICIPANT GUARDIAN MUST COMPLETE THE FOLLOWING ACTIVITY RELEASE FORM

Participant Name: _____ Male Female Age _____

Parent / Guardian Name(s): _____ Parent / Guardian Phone Number(s): _____

Address (including city, state and zip code): _____

RELEASE / DISCLAIMER

I do hereby assume full responsibility for any and all damages, injuries (including death), or losses that I may sustain or incur, if any, while attending, engaging, practicing, participating or witnessing activity and/or certain event(s) occurring in or about the premises or at any offsite location. I hereby assume full risk, waive all claims and release and hold The Give it Back Foundation, individually or otherwise, harmless for any and all liability, claims, suits, damages, expenses, fees, actions, or rights of action or judgments as a result of injury or death to myself or members of my family or heirs, or my guests, or damage, destruction or loss to my property, which in any way relates to, arises out of, or is in any way connected with my presence on the premises, or my participation in events of activities thereon, or the negligent acts or omissions of the releases or any other third party.

I agree to wear all protective equipment required while participating in the activity, and I am fully aware and understand that The Give it Back Foundation does not have on or about the premises, or employ or contract with any medical services, provisions for ordinary or emergency medical services.

In consideration of my participation in and the use of the The Give it Back Foundation premises or facilities, I hereby release and covenant not to sue the owner of the premises (releases), shareholders, directors, officers, employees, representatives, agents, affiliates and lessees from any and all claims resulting from any physical injury that may occur to me while participating in any program or event sponsored by The Give it Back Foundation.

I HAVE READ AND FULLY UNDERSTAND THE ABOVE RELEASE/WAIVER AND FULLY UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING THIS WAIVER VOLUNTARILY.

Parents or guardians must sign if applicant is UNDER 18.

Parent or Guardian Signature: _____ Date: _____

Adult Participant Signature: _____ Date: _____

Printed Name of Participant: _____ Date: _____