

DETATCH AND BRING TO THE FIRST DAY OF CAMP

(make checks payable to: SCHS Volleyball)

Players Name _____ Grade (fall 2009) _____

Address _____ City _____ State _____ Zip Code _____

Phone Numbers _____

Parent's Name _____

E-Mail (to receive all announcements and updates) _____

PARENT PERMISSION AND AUTHORIZATION FOR TREATMENT

We hereby give our consent for _____ to participate in the SCHS volleyball camps. We will not hold SCHS or camp instructors responsible in case of accident or injury, in route to or during the conduct of the camp. If we cannot be reached and in the event of an emergency, we also give consent for the school to obtain through a physician of hospital of its own choice such medical care as is reasonably necessary for the welfare of the student, if he is injured in the course of activities. The MSHSAA by-laws provide that a student shall not be permitted to practice or compete until verification is given that he has basic athletic insurance coverage.

Our child is covered by basic accident insurance with _____ Policy # _____

(Signature of Parent or Guardian Required)

EMERGENCY INFORMATION

Name _____ Phone # (s) _____

Doctor's name _____ Phone # _____

Doctor's address _____ City/zip _____