
ARKANSAS**VOLLEYBALL**

University of Arkansas • 131 Barnhill Arena • Fayetteville, Arkansas 72701
Phone: 479.575.4587 • Fax: 479.575.4586

Required Emergency Medical Information

Camper's Name: _____

DOB: _____

SSN: _____

Parent/Guardian _____

Home Phone _____

Phone _____ Cell _____

If Parent/Guardian is not available, contact:

Name _____

Phone _____ Cell _____

Signature of Parent/Guardian: _____

University of Arkansas activities are covered by a plan administered by the University of Arkansas Risk Management Office. This insurance plan is secondary to the participant's own primary plan. Please contact us for detailed information regarding the policy. You must submit a copy of the front and back of all health insurance cards covering the participant at registration.

Sign here if camper has no health insurance coverage: _____

You will receive a medical packet by mail. The medical packet consists of forms to be completed by the parent/guardian. Complete medical packets should be returned as soon as possible. These forms will be mailed with the confirmation packet after registration has been received.

Please be aware that all campers must have a current physical. This means their physical MUST have been completed within one year of camp. Any physical completed prior to June 30th, 2009 will not be valid.

Waiver of Liability

For consideration of my child's participation in the 2010 Arkansas Volleyball Camp, I hereby agree that I will not hold the Arkansas Volleyball Camp or its workers responsible for any losses, damages, or personal injuries my child may receive as a result of participation. This waiver of liability expressly includes transportation to and from, or in connection with said camp, in any vehicle operated by the staff of the Arkansas Volleyball Camp.

Parent/Guardian Signature

Date