

Waiver and Medical Release Form

Please print and mail with payment and completed camp application to:
Championship Volleyball Camps of East Texas
P.O. Box 13027 - SFA Station
Nacogdoches, TX 75962

Camper Name: _____

Please check camp you are attending: Beginning Skills Camp Individual
Skills Camp Team Camp Position Camp Coaching
clinic

Please answer the following questions about your health insurance:

Insurance Provider: _____

Subscriber Name: _____

Subscriber Number: _____

Group Number: _____

As the parent and/or legal guardian of _____
(name of camper), I hereby authorize the staff of Championship Volleyball Camps of East Texas, to
act for me according to their best judgment in any emergency requiring medical attention. I assume
the risk of accident or injuries from whatever cause in connection therewith, and release
Championship Volleyball Camps of East Texas and their officers, agents and employees from any
and all liability for any such accident or liability.

**I HEREBY AUTHORIZE IN ADVANCE ANY NECESSARY MEDICAL TREATMENT
REQUIRED BY THE ABOVE NAMED CHILD WHILE IN ATTENDANCE OF THIS CAMP. I
ALSO ACKNOWLEDGE THAT I HAVE/WILL NOTIFY THE CAMP PERSONNEL OF ANY
SPECIAL MEDICAL NEEDS OR INFORMATION REQUIRED BY THE ABOVE NAMED
CHILD**

Also, I understand that all rules and regulations for the camp will be enforced and any violation by
my child will result in a collect call to me with a possible request to come and pick up my child
with no refunds being given.

Signature of Parent or Guardian

Date