

North Star Volleyball Club - Youth Camps/Clinics
HEALTH INFORMATION FORM and LIABILITY RELEASE

BOTH pages of this form **must** be brought with the camper at check-in.

Sections I through V **MUST** be completed before a camper will be allowed in Camp. **ABSOLUTELY NO EXCEPTIONS.**

Campers are **required** to have their own health insurance.

I. NAME OF SUMMER CAMP ATTENDING _____ **DATES** _____

Camper's Name _____ Birthdate _____ Gender _____

Home Address _____
and street _____ city _____ state _____ zip _____

Parent or Guardian _____ telephone (day) _____ (eve) _____

Insurance Carrier Name _____ Insurance Group ## and Policy ## _____

Relative/Other Responsible Party _____ telephone (day) _____ (eve) _____

II: Camper's Health Status: Has the camper ever had:

- | | | |
|--------------|-----|---|
| No | Yes | Allergies: If yes, list _____ |
| No | Yes | Asthma |
| No | Yes | Bleeding Disorder |
| No | Yes | Depression |
| No | Yes | Diabetes |
| No | Yes | Emotional Disorder |
| No | Yes | Fainting/Dizzy spells |
| No | Yes | Heart condition |
| No | Yes | Medication Allergies: If yes, list _____ |
| No | Yes | Seizure disorder |
| Other: _____ | | |
| No | Yes | Does the camper wear glasses or contacts? |

Signature of parent or guardian _____ date signed _____

If your child takes **non-prescription (over-the-counter) medications** for such things as allergies, headache, menstrual cramps etc. medications will be kept with the NSVBC Staff and administered by appropriate NSVBC Staff Members. We ask that you sign below and indicate by (√) which medications we can administer to your child. **DO NOT send the following medications to camp with your child, as they will be supplied by the camp.**

I hereby authorize camp staff to administer the following medications to my child.

Name of medication	Dose/Administration instructions	Reasons why medication is needed
Tylenol		
Ibuprofen		
Decongestant		
Robitussin		
Midol		
Cough drops		
Benadryl or antihistamine		

Signature of parent or guardian

date signed

V. EMERGENCY AND NON-EMERGENCY MEDICAL AUTHORIZATION and LIABILITY RELEASE

I hereby authorize the North Star VBC Coaches to provide non-emergency care to my child as needed. In addition, I authorize the emergency center physician and/or the physician on call, the emergency center staff and hospital staff itself to order any surgical or medical treatment, blood transfusions, anesthesia, or medication they may deem advisable for emergency care and treatment with the exception of _____
 (if acceptable as stated, write "NONE" or leave blank) while my child is attending the North Star Volleyball Club Clinic.

Signature of parent or guardian

date

I certify that to the best of my knowledge the above information is true and correct, and the student can safely participate in the North Star Volleyball Club Clinic.

Furthermore, as parent/guardian of a participant in the camp/clinic, I hereby state that I am aware of and accept the risk inherent in the program activity. I do hereby agree to hold harmless and indemnify the State of Wisconsin, Town of Leeds, North Star Volleyball Club, their officers agents and employees from any liability, loss, damages costs or expenses which are sustained incurred or required, arising out of actions of my dependent in the course of the camp/clinic.

Participant name - please print

Signature of Parent/Guardian

Date

Address