

Name of Participant (print full legal name) \_\_\_\_\_

Birth Date \_\_\_\_\_



### Release and Medical Authorization

This release and treatment authorization form must be signed by a parent or guardian if student is under 18 years old. Students who are 18 years old or who will become 18 years old before the end of the camp/clinic must also sign. In order for students to participate in camp activities, we must have this form PRIOR to the camp's start date.

### Release of Liability, Medical and Surgical Authorization

In consideration of the Leopard Volleyball Camps granting the student permission to participate in Leopard Volleyball Camps, I hereby assume all risks of his or her personal injury (including death) that may result from any Leopard Volleyball Camp activity. As guardian I do hereby release the State of California, University of La Verne, Leopard Volleyball Camps and their officers, employees, agents, all instructors, and all participants in said Leopard Volleyball Camps from all liability, including claims and suits at law or in equity, for injury, fatal, or otherwise which may result from the student taking part in Leopard Volleyball Camps activities. In addition, I hereby authorize and give my consent to the health authorities of Leopard Volleyball Camps, University of La Verne or any licensed health professional to perform upon or administer any reasonable, necessary surgical or medical treatment. I also give permission to administer whatever anesthetic may be necessary or advisable during the medical or surgical procedures. This authorization is intended to cover emergency treatment, immunizations, injections, and minor operations and procedures. In the case of psychiatric and/or psychological treatment, parent authorization for treatment beyond that responsive to the emergency will be requested. I agree to assume all costs related to such treatment. I authorize my insurance company to pay benefits to University of La Verne Health Services or other hospitals and clinics.

Parent's/Guardian's Printed Name \_\_\_\_\_ *relationship to camper* \_\_\_\_\_

Parent's/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's/Guardian's Cell # \_\_\_\_\_

Camper's Printed Name \_\_\_\_\_

Camper's Signature \_\_\_\_\_ Date \_\_\_\_\_

Also, I authorize the disclosure of medical information to my insurance company for purpose of claim. I understand that I will be responsible for any medical or other charges in connection with student's attendance at this camp.

(Each camper must provide his/her own medical insurance.)

### Insurance Information (please print)

Name \_\_\_\_\_

Insurance Company \_\_\_\_\_

Insurance Co. Address \_\_\_\_\_

Policy No. \_\_\_\_\_

Policy Holder \_\_\_\_\_

Does your insurance carrier require prior approval?  Yes /  No