

Volleyball Camp Minor Participant Waiver

Participant Information

Full Name

Date of Birth

Age

Address

Parent/Guardian Information

Parent/Guardian Name

Phone Number

Email Address

Emergency Contact

Name

Phone Number

Medical Information

Medical Conditions/Allergies

Current Medications

Waiver and Release

I, the parent or legal guardian of the minor participant named above, acknowledge and accept that participation in the Volleyball Camp involves physical activity and certain inherent risks. I hereby waive, release, and discharge the organizers, staff, and venue from any liability for injury, loss, or damage to person or property incurred as a result of participation in the event, except as may be caused by gross negligence. I confirm that my child is in good health and able to participate, and that all information provided is accurate.

Parent/Guardian Signature

Date