

Atlantic Valley Volleyball Club Camps & Clinics

WAIVER, RELEASE & MEDICAL TREATMENT AUTHORIZATION

Atlantic Valley Volleyball Club Camps & Clinics is a private camp/clinic supported by Atlantic Valley Volleyball Club (AVVC), East Coast Conditioning, Watchung Hills Regional High School & direction of its director, Dr. Greg Chiang. Although it is consistent with the mission & teachings of AVVC, it operates as a separate entity from AVVC team programs. In consideration of the acceptance of this application, I, the below signed, my heirs, administrators agree to be legally bound to the terms and conditions hereafter set forth:

I, hereby give my consent and approval for my child, _____, to participate in the program conducted by the Atlantic Valley Volleyball Club Camps & Clinics and certify that he/she is physically fit to take part in all activities. Further, I do hereby agree to release, this charge and forever hold harmless said organizations, its staff, officers, agents, representatives, employees, and their successors and agents from any and all claims and damages, concerning or ensuing from accident, injury to the person or loss of personal property occurring during this sports camp/clinic and his/her participation in activities arising from his/her travel to and from the sports camp/clinic.

I understand that my child will be covered by my own insurance and not by any insurance program provided by the facility, club, camp or clinic. I also authorize the director, coaches and other personnel of Atlantic Valley Volleyball Club and to act for me in his/her best judgment to seek medical care and treatment as necessary for my child.

Please list any physical conditions that camp/clinic or medical personnel should be aware of (allergies, recurring illness, injuries, disabilities, chronic illnesses, etc):

Player name (please print)	Email Address
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Parent/guardian name (please print)	Email Address
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Signature

Name of emergency contact	Phone
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Health Insurance Company	Policy No.
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Policy Holder	Date
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