

BISHOP LUDDEN VOLLEYBALL CAMP REGISTRATION

Name of Athlete _____

Address _____

Athlete Email _____

Age _____ Level played last School year (if Applicable) _____

School Attending _____

Parent Name _____

Emergency Contact Phone _____

Parent Email _____

Allergies (food/Medication) _____

Please list Medications that will need to be administered during camp hours _____

Any physical restrictions _____

Volleyball and physical training holds a possible risk of injury. While we do everything in our ability to prevent injuries and train properly, sometimes injury still happens. As the parent/legal guardian, I give my permission for my daughter (named above) to participate in the Bishop Ludden Volleyball Camp. If I cannot be reached, (understanding EVERY attempt will be made to reach me or another emergency contact) I give my permission for the medical staff on site to treat my daughter and make initial decisions regarding appropriate treatment until such a time I can be contacted. This permission extends to any and all emergency physicians deemed necessary.

Parent/Legal Guardian

DATE

_____ Initial if we MAY NOT use pictures of your daughter in future promotion of the camp (this may be changed later by giving us written notice.)

Mail Completed form to: Coach John Buskey, 7697 King Rd. Manlius NY 13104