

General Information

Camper Name _____ Date of Birth _____

Medical Release and Waiver Statements

We undersigned, authorize my daughter to full participation in the HBU Volleyball Camp at HBU including all related camp activities. It is my understanding that participation in activities at camp are not without an inherent risk of injury. I hereby release and hold harmless Houston Baptist University, Kaddie Platt, including without limitation, its officers, directors, trustees, employees, agents, students, and affiliates for, from and against any and all liability, injury sustained, damage to or loss of personal property arising directly or indirectly while enrolled in this camp at HBU. Furthermore, I will be solely responsible for any and all medical cost of medical attention and treatment.



Signature of Parent or Guardian _____ Date _____

Insurance Information

Insurance Company _____ Phone Number _____

Policy Holder's Name _____

Policy Number _____ Group Number _____

Medical Information

Any known Allergies, Illnesses, Injuries, or Disabilities: _____

Emergency Information

Emergency Contact Name #1 _____ Relationship _____

Home Number _____ Work Number _____ Cell Number _____

Emergency Contact Name #2 _____ Relationship _____

Home Number _____ Work Number _____ Cell Number _____

*** Must have Medical Release and Wavier, Insurance information, Emergency Contacts and parent signature to register for camps.**