Summer Volleyball Camp Medical Information Form

Participant Name: _____
Birthdate _____ Year in School 2024-25 _____
Current Address: _____
Parent / Guardian Name: _____
Emergency Contact and Phone Number:
_____

Medical Insurance Name: _____

- Policy Holder: _____
- Insurance Address: _____
- Insurance Phone Number: _____
- Policy Number: _____
- Group Number: _____

Physician Name: _____ Phone: _____

Participant Medical History – Mark all items 'yes' or 'no'
_____ Diabetes _____ Drug Allergy _____ Food Allergy
_____Heart Defects _____Asthma _____Insect Bite Allergy
_____ Convulsions/ Epilepsy _____Current Medications
_____Current Dr's Care _____Physical restrictions

If answered 'yes' to any question, please list details and / or describe any current or past medical conditions that may require treatment
_____
_____
_____
_____

I, the undersigned participant, in enrolling in Summer Volleyball Camp at Sts Joseph & John School, understand that in attending any program and using the facilities, I do so at my own risk. Sts Joseph & John School or related parishes, employees, agents, or coaches running the clinic, shall not be liable for any damage whatsoever arising from any personal injury or property loss sustained by participant and his/her family in or about the premises. Participants assume full responsibility for all injuries and damages which may occur in or about any programs on the premises and he/she/I does/do hereby fully and forever release, discharge, and hold harmless Karol Coundourides, Kyra Coundourides, Sts Joseph & John School and related parishes, employees, agents or coaches, from any and all claims, demands, damages, rights of action, present or future, resulting form or rising out of any person's participation in any programs or use of its' facilities. I, the undersigned participant _____, do hereby grant authority to the staff of the Summer Volleyball Clinic at Sts Joseph & John School to render judgment concerning medical assistance or hospital care in the event of accident or illness during my absence

Signature of Participant: _____ Date _____

Signature of Parent / Guardian: _____ Date _____