

2020 Michelle Young Volleyball Camp

At Furman University

Camp Attending: _____

Camper Name: _____ Grade in Fall of 2020: _____

Phone Number: _____ Parent Email: _____

Mailing Address: _____

Position: _____ Shirt Size: _____

School Attending in Fall: _____

Parental Consent

Parent / Guardian: _____

Emergency Contact Phone Number: _____

Allergic Reactions (drugs, food, asthma, etc.) If yes, please list.

Yes No _____

Taking any medications at this time: If yes, please list:

Yes No _____

Health Insurance Company

Policy #

Your Insurance Agent

I certify that my child is medically cleared to attend camp and give permission for medical treatment for injuries or illness during camp. A trainer will be available.

Parent / Guardian Signature