

**You must bring these 2 forms with you to check-in**

**Carthage  
Summer Camp Housing Registration and Health Form**

**Camp Name:** Carthage Volleyball Camp    **Camp Date:** 6/18 – 6/20

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **D.O.B.:** \_\_\_\_\_

**Gender:**    Male     Female

**Emergency Contact:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Day Time Phone Number:** \_\_\_\_\_

**Evening Phone Number:** \_\_\_\_\_

**Cell Number:** \_\_\_\_\_

**Health Conditions:**

- Asthma
- Diabetes
- Epilepsy
- Other Conditions

**Allergies:**

- Insect Stings \_\_\_\_\_
- Foods \_\_\_\_\_
- Medications \_\_\_\_\_
- Other Allergies \_\_\_\_\_

**Participants Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## **ASSUMPTION OF RISK AND INSURANCE RELEASE**

The undersigned hereby acknowledges that he/she understands all participation in the Carthage Summer Volleyball Camps hosted by Carthage College is voluntary, and is not part of the academic curriculum of the College. In consideration of the college making any equipment and/or facilities available to the summer camp attendees and/or the undersigned while participating in such activities, the undersigned hereby releases CARTHAGE COLLEGE, its successors, assigns, officers, agents and all employees from any and all claims, demands and causes of action whatsoever in any way growing out of or resulting from the undersigned individuals participation in the activities of any summer volleyball camp activity.

The undersigned further agrees that he/she understands that many of the Volleyball Camp activities involve substantial risk of injury, and that the college does not provide medical insurance covering such injuries and the undersigned has, accordingly, been encouraged to secure insurance protection.

If the undersigned is a minor, then the signature of the parent/legal guardian appearing below signifies acceptance by parent/legal guardian that the terms and conditions hereof shall be binding.

***\*Please also provide and photo copy of the front and back of your insurance Card\****

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Athlete's Signature	Date	Printed Name
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Parent/Guardian Signature (If athlete is under the age of 18 at the time of Camp)	Date	Printed Name
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*\* In case of emergency the camp staff will use the contact information provided at the time of registration\**