

Release Form

FRONT AND BACK COPY OF INSURANCE CARD
must be included with signed release form

Emergency contact:

Phone:

Any known allergies, medication, medical
condition, etc:

I, the undersigned parent/legal guardian of:

Print Camper's Name

authorize my child for full participation in the University of St. Thomas Volleyball Camp, including all camp activities. It is my understanding that participation in the activities at the University of St. Thomas volleyball camp is not without an inherent risk of injury. In consideration of my child's participation in the UST volleyball camp, I hereby release, waive, discharge, and agree not to sue the camp, the Athletic Department, the University of St. Thomas and/or their employees from any and all liability, claims, demands, action and clauses of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by my child, whether caused by the negligence of the releases, or otherwise while participating in such activity, or in, on, or upon the premises where the activity is taking place. I hereby give my permission for any emergency treatment or medical care by a physician, hospital, or medical facility that may be required, including transport, during the specific camp week that my daughter is in attendance. In addition, I verify that my daughter is covered with a family health insurance policy. Furthermore, I will be solely responsible for any and all costs of medical attention and treatment under my insurance policy. It is my understanding that photographs will be taken during the camp. I hereby give permission for the use of aforementioned photographs in future UST Volleyball media.

Parent/Guardian Signature

Date

Print Name



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of
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Educating Leaders of Faith and Character

2011 LADY CELTS VOLLEYBALL CAMP



2008-2010 A.I.I.
Conference Champions
& N.A.I.A National
Tournament Qualifier

July 18 - 22

Skills Camp:
9 am - 12 pm



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