

# **Marshall University Volleyball Sports Camp Assumption of Risk/Consent for Medical Treatment**

YOU SHOULD BE AWARE THAT PARTICIPATING IN ANY MANNER, IN ANY SPORT, CAN BE DANGEROUS ACTIVITY INVOLVING MANY RISKS OF INJURY. THE DANGERS AND RISKS OF PARTICIAPTING IN SPORTS INCLUDE, BUT ARE NOT LIMITED TO: DEATH, SERIOUS NECK, HEAD, AND SPIANL INJURIES WHICH MAY RESULT IN COMPLETE OR PARTIAL PARALYSIS, BRAIN DAMAGE, AND SERIOUS INJURY TO VIRTUALLY ALL INTERNAL ORGANS, INJURY TO BONES, MUSCLES, TENDONS, LIGAMENTS, AND OTHER MUSCULOSKELETAL SYSTEMS, SERIOUS INJURY OR IMPAIRMENT TO OTHER ASPECTS OF THE BODY, GENERAL HEALTH AND WELL BEING.

I, \_\_\_\_\_, (Parent's Printed Name) approve of my child's participation in the Marshall University Sports Camp. I certify that \_\_\_\_\_ (Camper's printed name) is in good health and is able to participate in all activities. If medical attention is required for illness or injury, I give permission fro the Marshall Athletic Training and Medical Staff to render emergency first aid care. I agree that my child will abide by all rules and regulations set forth by camp personnel.

## **EMERGENCY CONTACT INFORMATION**

DAY PHONE # \_\_\_\_\_ CELL PHONE # \_\_\_\_\_

EVENING PHONE # \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

List any current medical problems (ex: diabetes, medications, etc)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**\*\*THIS FORM MUST BE ON FILE BEFORE PARTICIPATION IN CAMP\*\***