

**Bob Bertucci Volleyball Camps and Clinics**  
**Medical Authorization Form**

**This form must accompany each camper the first day of camp! Do not mail.**

Camper Name \_\_\_\_\_

Camp Location \_\_\_\_\_

Insurance Company \_\_\_\_\_

Policy number \_\_\_\_\_

Group number \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_  
(for campers under 18 yrs.)

Home Phone of parent/guardian \_\_\_\_\_  
(for campers under 18 yrs.)

Work phone of parent/guardian \_\_\_\_\_  
(for campers under 18 yrs)

Special Instructions (Medical conditions, allergies, etc.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby authorize the staff of Bob Bertucci Volleyball Camp to act for me according to their best judgment in any emergency requiring medical attention. I agree that the registrant and I will abide by the rules of Bob Bertucci Volleyball Camps, and its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with volleyball and in consideration for the Bob Bertucci Volleyball Camps accepting the registrant for its volleyball programs and activities, I hereby release, discharge and/or otherwise indemnify Bob Bertucci Volleyball Camps, all staff members and associated personnel, including the owners of the gyms and facilities used for the programs, against any claims by or on behalf of the registrants as a result of the registrant's participation in the programs and/or transportation to or from the same, which transportation I hereby authorize. I authorize the use of player photos on the camp's website or in newspapers.

\_\_\_\_\_  
Signature of camper Date

\_\_\_\_\_  
Signature of parent/guardian (for campers under 18 yrs) Date

KMB, Inc. owner and operator of Bob Bertucci Volleyball Camps and solely responsible for any pertaining matter.

**BRING TO REGISTRATION – DO NOT MAIL**