

2014 SUMMER VOLLEYBALL CAMP WAIVER

ROCKET CITY VOLLEYBALL CLUB

Insurance provider : _____ Policy #: _____

I hereby grant permission for my child to attend the 2014 Rocket City Volleyball Club Camps/Clinic. I also grant RCVC, The Launch Pad, Rose Magers-Powell or any staff permission to act for me according to their best judgment in any emergency requiring medical attention and hereby waive and release the Rocket City Volleyball Club, Rose Magers-Powell, The Launch Pad or any staff from any and all liability for any injuries or losses incurred while at camp. I authorize a designated physician to perform diagnostic, medical and/or surgical treatment if necessary and will be financially responsible for any medical attention needed during camp.

Parent/Guardian : _____ Date: _____

Please reserve a spot with RCVC with receipt of payment & registration form, confirmation will follow via e-mail.

Note: For information, please call Rose cell: 256.457.9268 or e-mail Rpowell@martinmethodist.edu

Return to: RCVC : Attention: Head Volleyball -Rose Magers-Powell, 6114 Rickwood Dr., Huntsville, AL 35810 38478; USA

2/13/14

