

# 2013 SUMMER VOLLEYBALL CAMP WAIVER



## REDHAWKS

Insurance provider : \_\_\_\_\_ Policy #: \_\_\_\_\_

I hereby grant permission for my child to attend the 2013 Martin Methodist College Summer Volleyball Camp. I also grant Martin Methodist College, RCVC , 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 Martin Methodist College Volleyball Camp, RCVC , Rose Magers-Powell 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 a \$100 non-refundable deposit due by June 1, 2013. Final payment of \$225 must be received by July 1 otherwise a \$35 late non-refundable fee will be assessed for any late deposit or payment and if space is available (call to check for space available—no walk-ins). 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](mailto:Rpowell@martinmethodist.edu)

**Return to: Martin Methodist College : Attention: Head Volleyball -Rose Magers-Powell, 433 W. Madison, Pulaski, TN 38478; USA**

1/24/13