

CHARLESTON SOUTHERN VOLLEYBALL CAMPS

All campers must have their own medical coverage. Campers will not be allowed to play unless the following information is signed and submitted by the parent or legal guardian of the camper.

Insurance Co. _____

Policy Holder _____

Policy # _____

I, the undersigned, hereby certify that I am the parent or legal guardian of the camper. I hereby give permission for my child to be treated by a licensed physician or member of the camp staff for any injury, accident, illness or other mishap. I further agree to pay through my insurance company, or otherwise, and all costs of medical attention and treatment.

Parent's Signature _____

Camper's Physician _____

www.csusports.com/index.aspx?path=wvball