EXHIBIT F

Corey Carlin Volleyball Camps LLC

This form must be completed and signed by the camper's parent or legal guardian. Please print clearly.

CAMP ATTENDING: _____ **DATES:** _____

CAMPER INFORMATION

NAME: _____ **D.O.B.:** ___/___/_____
ADDRESS: _____ **AGE:** _____
CITY: _____ **STATE:** ____ **ZIP:** _____ **GRADE:** _____
HOME PHONE NUMBER: (_____) _____
EMAIL ADDRESS: _____

EMERGENCY CONTACT INFORMATION

MOTHER'S NAME: _____ **FATHER'S NAME:** _____
WORK NUMBER: (_____) _____ **WORK NUMBER:** (_____) _____
CELL PHONE NUMBER: (_____) _____ **CELL PHONE NUMBER:** (_____) _____

BACKUP EMERGENCY CONTACT: _____ **PHONE NUMBER: (_____)** _____
RELATION TO CAMPER: _____

MEDICAL HISTORY INFORMATION

DOES THE CAMPER HAVE ANY OF THE FOLLOWING? IF YES, PLEASE DESCRIBE.

1. **KNOWN DRUG ALLERGIES?** ☐ **NO** ☐ **YES** _____
2. **FOOD ALLERGIES?** ☐ **NO** ☐ **YES** _____
3. **ALLERGIES TO INSECTS?** ☐ **NO** ☐ **YES** _____
4. **ASTHMA?** ☐ **NO** ☐ **YES** _____
5. **ARE THERE ANY MEDICAL CONDITIONS WE SHOULD BE AWARE OF?** ☐ **NO** ☐ **YES** _____
6. **IS THE CAMPER CURRENTLY TAKING ANY MEDICATIONS?** ☐ **NO** ☐ **YES** _____

IF YES, PLEASE LIST ALL MEDICATIONS AND SPECIFY ANY THAT NEED TO BE TAKEN DURING CAMP. _____

INSURANCE POLICY INFORMATION

IS THE CAMPER CURRENTLY COVERED BY HEALTH INSURANCE? ☐ **YES** ☐ **NO**

IF YES, PLEASE PROVIDE THE FOLLOWING INFORMATION:

HEALTH INSURANCE PROVIDER: _____

NAME OF POLICYHOLDER: _____

POLICY NUMBER: _____

PERMISSION TO TREAT & MEDICAL AUTHORIZATION

I, _____, parent or guardian of the child named above, give consent for my child to attend (camp/clinic name). As parent/guardian, I understand that my child's participation will include strenuous aerobic exercises, as well as great deal of excitement in connection with the camp program. I acknowledge that injuries may occur as a result in the participation in this camp/clinic, and I accept that consequence. I have advised our family physician that my child wishes to participate in (camp/clinic name), and our physician has approved of this participation.

I hereby authorize the (camp/clinic name) medical staff or other appropriate (camp/clinic name) personnel to provide first aid, emergency medical care, or if necessary, admission to an accredited hospital, when such care is necessary for the treatment of any injuries my child may sustain while participating in any activity associated with (camp/clinic name).

Parent/Guardian Signature: _____ Date: _____