

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 _____

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.

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.