Volleyball Development Camps

Parental Consent and Medical Release Form

Camper Details			
Name of Camper		**Age**	
Address			
Emergency Phone	*#1-*	*#2 -*	

Collection Authorization			
For your child's personal safety if a chaperone other than the parent is collecting your child please state the name and relationship of every person below (please inform them they may be asked to provide Photo ID).			
Name		**Relationship**	
Name		**Relationship**	

Please give us a minimum of 24 hours' notice of any changes.

Photography Consent

Photography and video may be taken by Volleyball Development Camps or ACS International Schools. Copyright of all media is owned by the photographer, who reserves the right to reproduce and publish photography and video for advertising and commercial purposes.

These images will not be made available to or used by any third parties. If you do not wish your child to be included in photography or video please inform us in writing or by e-mail.

First Aid Consent

I give my consent for the administration of basic first aid treatment by staff. In the event of an emergency I authorize staff to take appropriate action to obtain necessary medical help for my child, including sending them to hospital.

I understand that if my child requires medical treatment and/or medication to be administered during camp hours then a separate Administration of Medical Treatment Consent Form MUST be completed.

All medications MUST be in pharmacy packaging, sealed in a zip-lock bag, appropriately labelled with the child's name and dosage instructions and turned into the sports center reception daily for secure storage.

I agree to keep Volleyball Development Camps informed in writing of any health changes between the date of this form and conclusion of the camp.

PLEASE COMPLETE THE SECTIONS OVERLEAF AND SIGN THE COMPLETED FORM

P.T.O ➢

Volleyball Development Camps

Medical Awareness			
Please complete the following section accurately to help us look after your child's health and safety.			
Medical conditions including Injuries (current and recent)	YES ◇	NO ◇	*If Yes please detail below*
Mental and emotional health issues	YES ◇	NO ◇	*If Yes please detail below*

Allergies	Does your child have an Epipen or Inhaler?	If yes – For what condition
YES ◇ NO ◇	**Epipen** YES ◇ NO ◇ **Inhaler** YES ◇ NO ◇	

International Campers, Travel and Accommodation			
Please complete the following section if your child is traveling to the UK from overseas, traveling to our camps by themselves or will be staying with a host family.			
Private Medical Insurance	YES ◇	NO ◇	*If Yes please detail below*
Allergies and Dietary requirements	YES ◇	NO ◇	*If Yes please detail below*

Consent for Medical Support	Consent for Houser	Age Waiver for Unescorted travel
YES ◇ NO ◇	YES ◇ NO ◇	YES ◇ NO ◇

AUTHORISATION - MUST BE COMPLETED TO VALIDATE YOUR CHILD'S ENROLMENT

The child listed above has my permission to engage in Volleyball Development Camps. I agree that my child is voluntarily participating with the knowledge of the inherent and other risks (both known and unknown) in these programs. My child and I accept full responsibility for any injury, damage, death or other loss resulting from these risks and/or resulting from my child's own negligence or other misconduct. I agree to notify Volleyball Development Camps in writing of any changes to the above information that may occur between the date of this form and the conclusion of the camp. This enrolment form is completed to the best of my knowledge and contains no misrepresentations or omissions that might or would affect my child's experience at camp.

I have read and agree to the Volleyball Development Camps Terms and Conditions.

Signed		**Date**	

Parent/Guardian signature required to expedite registration and validate your child's enrolment.