

MINNESOTA STATE UNIVERSITY MOORHEAD  
**DRA GONS**

**Department of Intercollegiate Athletics Youth Programs Consent for Participation and Medical Information**

Child's Name \_\_\_\_\_ Age \_\_\_\_\_

In case of emergency contact \_\_\_\_\_

Emergency contact phone # \_\_\_\_\_

Medical Insurance Co. \_\_\_\_\_

Policy No. \_\_\_\_\_ Group No. \_\_\_\_\_

Physician Name \_\_\_\_\_ Phone \_\_\_\_\_

Any medical conditions the youth program staff and medical emergency services personnel need to be made aware of: \_\_\_\_\_

I wish to register my minor child, \_\_\_\_\_ and consent to my child's participation in the summer sports camps sponsored by the Department of Intercollegiate Athletics of Minnesota State University Moorhead during this summer.

I recognize that participation in recreational and instructional activities, even when well supervised and managed, pose a risk of physical injury to my child, and I agree to assume such a risk on behalf of my child.

I understand that children registered for MSUM athletics' summer sports camps will receive instruction in the basic principles of sport of their choice and will spend a significant amount of time practicing and performing sporting techniques and researching and performing a variety of enrichment techniques under the supervision of experienced instructors, and I consent to my child's participation in this program.

I certify that my child has no medical condition or impairment, including the use of medication that might inhibit her participation.

**RELEASE OF LIABILITY**

I, the undersigned, hereby hold Minnesota State University Moorhead and the entire MSUM Volleyball Camp Staff harmless from liability for any and all medical and/or accident expenses which my minor child may incur during her involvement in the summer camp. I hereby certify that my child is provided coverage via personal health and accident insurance in effect, which is sufficient to cover any and all of the expenses, noted above, which might incur.

Parent/Guardian Signature: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_