

FLORIDA INTERNATIONAL UNIVERSITY

Panther Summer Camp

Ages 5-12

Application (please print)

Camper's Name: _____

Address: _____

City, Zip: _____

Home Phone: _____

Age: _____ Grade(Fall): _____

School: _____

Parents Name: _____

Office Phone: _____

Health Information

Physician's Name: _____

Physician's Phone: _____

Any Known Allergies: _____

Date of Last Booster: _____

Medications Camper Will Bring: _____

Family Medical Ins. Co. _____

Policy Number: _____

(Cell) _____

Check Week(s) Attending: \$100.00 per week

Week 1 June 16- 20

Week 2 June 23-27

Week 3 June 30-July 3 (\$85)
July 4 off

Week 4 July 7-11

Week 5 July 14-18

Week 6 July 21-25

Week 7 July 28-Aug 1

Week 8 Aug 4-8

Permission Form:

All sports, including recreational activities, pose a risk of severe physical injury to the participants. In the event of a medical emergency resulting from an injury or illness, the coaches will endeavor to obtain medical treatment for your child. However, Florida International University, its employees and agents cannot assume responsibility for the acts or omissions of third parties that are called to render treatment.

I recognize the hazards associated with my child's participation in the sports camp activities, and I give my consent for my child to be rendered emergency medical treatment in the event of injury or illness and agree to be responsible for all costs associated with my child's transportation and treatment. I relieve Florida International University, its employees and agents from all responsibility for the acts or omissions of third parties who are called to render treatment for my child.

Signature of Parent/Guardian

Print Name

Date

Mail application and payment to: FIU Volleyball, University Park Campus # 251, Miami FL 33199 (305) 348-2722