

# Bacon Academy Volleyball

April Break Clinic  
April 15-19 5p.m.-7:30p.m. Bacon Academy Gym  
Activity Sign Up and Medical Form

Participant Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Current Grade \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

## EMERGENCY CONTACT

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

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

## MEDICAL INFORMATION

Allergies \_\_\_\_\_

Limitations \_\_\_\_\_

Current Medications \_\_\_\_\_

## READ BELOW STATEMENTS AND SIGN THE ONE PREFERRED BY YOU

1. If my child needs medical attention, i wish to be contacted first unless immediate treatment is necessary.

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

2. If my child needs medical attention, I approve medical treatment begin while efforts to contact me are being made.

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Cost for the week is \$25.....Checks made payable to Scott Dumond  
All money collected is used as fundraising for Bacon Academy Volleyball