

*Martin  
Methodist  
College*



**2006  
RedHawk  
Volleyball  
Camp**

*July 16-19  
July 19-22  
July 23-26  
July 28-29*



433 West Madison Street  
Pulaski, Tennessee 38478

**Parental Release - Required**

I hereby authorize the RedHawks Volleyball Camp Staff to act for me, according to their best judgment in any medical emergency and I hereby waive and release said camp from any and all liability for injury and/or illness incurred by my son or daughter while attending the camp. I do understand that my insurance will be primary.

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

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