



2014 Training/clinic/camp facility WAIVER

Insurance provider : _____ Policy #: _____

I hereby grant permission for my child to attend The Launch Pad 2014 Training/Events/Camps/Clinic. I also grant The Launch Pad, RCVC , SBGof A, Rose Magers-Powell Harry Powell or any staff permission to act for me according to their best judgment in any emergency requiring medical attention and hereby waive and release The Launch Pad, Rocket City Volleyball Club, StraightBlast Gym of Alabama, Harry Powell, Rose Magers-Powell or any staff from any and all liability for any injuries or losses incurred while at camp. I authorize a designated physician to perform diagnostic, medical and/or surgical treatment if necessary and will be financially responsible for any medical attention needed during camp.

Parent/Guardian : _____ Date: _____

Please reserve a spot with The Launch Pad with receipt of payment & registration form, confirmation will follow via e-mail.

Note: For information, Rose Powell hpowell940@bellsouth.net or Harry Powell: sbg_al@bellsouth.net

Return to: The Launch Pad: 2650 Jordan Lane Huntsville, Alabama 35810 USA