

# THOUSAND OAKS GIRLS VOLLEYBALL FRESHMAN CAMP

TOHS coaching staff would like to invite incoming freshmen to the 2022 summer volleyball.

**DATES:** (check one) \_\_\_ June 13<sup>th</sup> - 15<sup>th</sup> \_\_\_ July 20<sup>th</sup> - 22<sup>nd</sup> (Make-up)

**TIME:** 9:00AM - 11:00AM.

**PLACE:** Thousand Oaks High School Gym

**COST:** \$90.00

**Send the check and application to TOHS Girls Volleyball, Attn: James Park, 2323 N. Moorpark Road, Thousand Oaks, CA 91360.**

Athlete's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Volleyball Experience: Club: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Cell: \_\_\_\_\_

High School Attending in Fall of 2022 \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Athletes e-mail: \_\_\_\_\_

Parent's e-mail: \_\_\_\_\_

## AUTHORIZATION TO TREAT MINOR

I (We) the undersigned, parents or legal guardian of \_\_\_\_\_ Minor, do hereby Authorize and consent to any x-ray, examination, anesthetic, medical or surgical diagnosis rendered under the general or specific supervision of any member of the medical staff and emergency room staff licensed under the provisions of the medical practice act and on the staff of any acute general hospital holding current license to operate a hospital from the State of California Department of Health. It is understood that this authorization is given in advance if any specific diagnosis, treatment or hospital care being required but is given to provide authority and power to render care which the aforementioned physician in the exercise of their best judgment may deem advisable. It is understood that every effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatments will not be withheld if the undersigned cannot be reached. This authorization is given pursuant to the provisions of Sec 25.8 of the civil code of California.

List any restrictions: \_\_\_\_\_

Allergies to Drugs or Food: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Information: \_\_\_\_\_

Emergency Phone Number(s): \_\_\_\_\_

Signature: \_\_\_\_\_

If you have any questions, you can contact Coach Park at 805-660-9928 or [jpark@conejousd.org](mailto:jpark@conejousd.org)