



43 Cliveden Avenue, Toronto, Ontario M8Z 3M7

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### **Media Athlete Consent**

I, (name of athlete) \_\_\_\_\_, hereby give consent to being photographed by TOPS Volleyball Academy staff or other media at the TOPS Volleyball Academy March break camp.

Date of event: \_\_\_\_\_

### **Medical Parental Consent**

Should it become necessary for my child to have medical care, I hereby give TOPS Volleyball Camp permission to use their best judgment in obtaining the best of such service for my child. I also understand that in the event of such accident or illness, I will be notified as soon as possible.

Name of Parent/Guardian (please print) \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_