

Please copy and email the following statement to
blackdog.athletics317@gmail.com

I hereby grant permission for my son/daughter to attend the Indy pv camps and/or training sessions. I verify that my son/daughter has had a physical exam in the past year and is capable to participate in the activities related to camp. I agree to indemnify, hold harmless and defend all camp coaches associated with the Black Dog Athletics, LLC camps, the University of Indianapolis, and their agents for any and all liability for injury to my son/daughter, as well as any damage caused by my son/daughter. Should medical treatment be necessary, I hereby authorize any physician or trainer selected by camp personnel to order and conduct any medical procedures. In the event of extreme emergency we reserve the right to call 911 and ambulance to the nearest medical facility.

Parent/Guardian signature_____

Health and Accident Insurance Co_____date_____