



How to Print a Completed Medical for Check - In



www.ucfvolleyballcamps.com

Register Now / Sign In




2023
Volleyball
Camps



Let's get you signed in. If you do not have an account we will create one for you.

Email Address

✉ PARENTemail@example.com

Athletes under the age of 13 must have their accounts created by their parents / guardians. ([Privacy Policy](#))

Continue

1. Type in your parent email

- This is the email we will send information through so please choose an email you will check regularly

2. Click “Continue”



MULTIPLE ACCOUNTS FOUND

Please tell me who you are signing in for:

Athletes under the age of 13 must have their accounts created by their parents / guardians. ([Privacy Policy](#))

Select which person you are signing in as:

Mr. Knightro UCF (Parent)

Select parent account

Account Password

.....

Type in your password

Continue

Try a Different Email Address

What Type of Account is This?

Parent Account

If you are the PARENT ... please select PARENT.

A parent account can be used to access multiple athlete accounts.

Athletes can be registered through the parent account.

Athlete Account

This account belongs to the athlete. This account can be used to register into camps. This account cannot be used to access sibling accounts.

Athlete or Parent

 Parent 

Continue

1. Select Parent

2. Click continue



Mr. Knightro UCF

My Profile (Family)

List of Camps

Refund Policy

Camps Shopping Cart

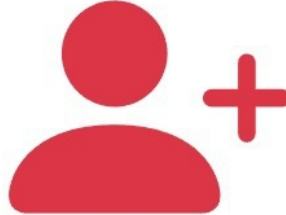
Statement / Receipt

Pre-Order Your Clothing (Store)



Mr. Knightro UCF

Click to Edit Your Profile.



Add a New Athlete

Click to Add



Knugget UCF

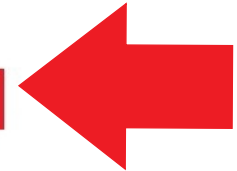
Click to Select Action ▼

Click to Begin Form

Click to View Medical Forms

Click to View Print Medical

Click to Register for Camp



1. Select “My Profile (family)”
2. Select “Click to Select Action”
*for the athlete you want to print the medical
3. Select “Click to View Print Medical”

MEDICAL RELEASE FORM

This must be completed and signed in all areas by the athlete (where the athlete is 18 year or older) or parent/guardian. I understand and agree that this document will be kept in the possession of authorized event personnel and that reasonable care will be used to keep this information confidential. By signing this form the participant affirms having read and agreed to the terms and conditions.

Participants Information

Knugget UCF of Orlando, FL

Athlete Date of Birth yyyy-mm-dd

2018-09-29

Athlete Gender

Male

Athlete Phone Number nnn-nnn-nnnn

407-308-5339

Primary Contact

6/7/23, 3:17 PM

support by OASIS Technologies

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2018-09-29

Athlete Gender

Male

Athlete Phone Number nnn-nnn-nnnn

407-308-5339

Primary Contact

Relationship

parent

Full Name

Knighto UCF

Address

12793 Gemini Blvd N

City, State Zip Code

Orlando, FL 32816

Cell Phone / Text

407-308-5339

https://www.athleteyard.com/cgi-bin/v5/profile/form_printMedical.pl?data=0042005100610032004a00740070005800790069007a00700031006a006e0... 1/3

Print

3 pages

Destination

Save as PDF

Pages

All

Layout

Portrait

More settings

Save

Cancel

The medical will open in another tab

1. Push and hold "ctrl" on your keyboard
2. While holding "ctrl" click "p"

Save to PDF or Print

Bring the signed Medical to Check - In



KNIGHTS[™]

VOLLEYBALL



**Confirmation emails are sent to the email you used to register after you pay
from lucian.chenard@oasissis.com**

Please check your spam and junk folders.