

Club Name: _____

THIS FORM IS TO BE CARRIED TO ALL SANCTIONED COMPETITIONS & PRACTICES.



**2008 USA YOUTH & JUNIOR OLYMPIC VOLLEYBALL
PLAYER MEDICAL RELEASE FORM**

This **must be** completed - legibly - and signed in all areas by both the player and his/her parent or guardian. *By signing this form the participant affirms having read it.*

Name _____
Last First Birth Date Age Gender

Primary Contact: Parent or Guardian	
Name _____	Address _____ Zip _____
Phone _____	Alternate Phone _____

Secondary Contact: ___ Parent/Guardian ___ Other	
Name _____	
Phone _____	Alternate Phone _____

Primary Insurance Co. _____ Primary Group/Policy # _____

Family Physician Name _____ Physician Phone _____

Please elaborate on <u>any medical conditions</u> of which we should be aware: Any <u>medications</u> currently being taken: Any <u>allergies</u> : If None, please write None.
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Signed _____ Date: _____
Participant

Participant _____, has my permission to participate in training, competition, events, activities and travel sponsored by USA Volleyball or any of its Regional Volleyball Associations (RVAs). I approve of the leaders who will be in charge of this program. I recognize that the leaders are serving to the best of their ability. I certify that the participant has full medical insurance with the company listed above. I also certify to the best of my knowledge that the participant named hereon is physically fit to engage in the activities described above.

Signed _____ Relationship: _____ Date: _____

If, during the course of my daughter's/son's activities in volleyball, she/he should become ill or sustain an injury, I hereby **authorize** you to obtain emergency medical/dental care. I will assume financial responsibility for the bills incurred through my insurance company.

Signed: _____ Date: _____
Parent or Guardian

or

I **do not authorize** emergency medical/dental care for my daughter/son.

Signed: _____ Date: _____
Parent or Guardian

