## **TEMPLATE**

## YOUTH & JUNIOR 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. I understand and agree that this document will be kept in the possession of authorized adult team 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 listed below.** 

Club:		Team Name:			
First Name:	Last Name:	Birth Date:	Age:	_ 🗆 Male	☐ Female
Primary Contact: Parei	nt or Guardian				
Name:					
Address:		City, State & Zip:			
		Alternate Phone:			
	☐ Parent/Guardian ☐	Other			
Primary Phone:		Alternate Phone:			
Primary Insurance Co:		Primary Group/Po	olicy #	/	
Family Physician Name	::	Physician Phone:			
		<u> </u>			
Please elaborate on an	v medical				
Please list any medicat	ions				
currently being taken:					
In the past 24 months,	have you been tested, diagr	nosed and/or treated for a concussion:	☐ Yes ☐ No		
1	e (months and year), who pe /treatment and what was th	rformed ne outcome:			
Please list any allergies (write NONE if no allerg					
(regardless of age):		Date:			
Participant,		, has my pern	niccion to narticinat	in training	
	vities and travel sponsored by I	JSA Volleyball or any of its Regional Volleyba			of the
		te that the leaders are serving to the best of			
		understand and agree that this document w			
		sed to keep this information confidential. I a			
		nedical emergency to a third party medical p			
		illy fit to engage in the activities described a			,
Parent/Guardian Signa		,	Date:		
Relationship to Particip					
Relationship to Particip	pant:				
		volleyball, she/he should become ill or susta			u to obtain
		responsibility for the bills incurred through r		•	
Parent/Guardian Signa	ture:	Date:		_	
OR					
I do not authorize eme	ergency medical/dental care	for my daughter/son.			
Parent/Guardian Signa	ture:	Date:		_	