

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



# 2010 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 any medical conditions of which we should be aware:  
  
Any Medications currently being taken:  
  
Any allergies:  
  
If None, please write None

Signed \_\_\_\_\_ Date: \_\_\_\_\_  
Participant

Participant, \_\_\_\_\_, has my permission to participate in training, competitions, 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 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