



# Medical Release Form

This must be completed and signed in all areas by participant's parent or guardian. Signing this form acknowledges that it has been read in its entirety.

Participant's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Primary Contact Information	
Name: _____	Relationship: _____
Primary Phone: _____	Secondary Phone: _____
Secondary Contact Information	
Name: _____	Relationship: _____
Primary Phone: _____	Secondary Phone: _____
Insurance and Physician Information	
Primary Insurance: _____	Group/Policy #: _____
Family Physician: _____	Physician Phone: _____
Any medical conditions of which to be aware:	
List medications currently being taken:	
List any allergies:	
If none apply, please write "None"	

\_\_\_\_\_ has my permission to participate in training, lessons, competition, events and/or activities with 900 Volleyball. I approve of the coaches and those that will be in charge of these programs. I recognize that these coaches are serving to the best of their ability. I certify that the participant has full medical insurance with the company listed and I certify to the best of my knowledge that the participant is physically fit to engage in the activities described above. If during the course of my son's/daughter's activities with 900 Volleyball, he/she should become ill or sustain an injury, I hereby **AUTHORIZE / DO NOT AUTHORIZE** (circle one) 900 Volleyball to obtain emergency care. I understand that every precaution is taken to protect the safety of each participant and I am responsible for any costs incurred because of injury or illness. I also hereby solemnly swear that I have legal custody of the participant.

Print Name: \_\_\_\_\_ Signed: \_\_\_\_\_

Relationship: \_\_\_\_\_ Date: \_\_\_\_\_