



RVC Juniors
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.

_____ Last Name _____ 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 Physicians Name _____ Physician Phone _____

Please elaborate on any medical conditions of which we should be aware:

Any medications currently taken:

Any allergies:

iF None, please write None.

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 heron 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

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

Signed: _____ Date: _____
Parent or Guardian

STATE OF _____) COUNTY OF _____) SWORN TO BEFORE ME,
 a Notary Public, by said _____ personally known to me this _____ day of _____
 _____, 20____.

Notary Public _____ My Commission Expires _____