

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:				
Elect Marco				□ Male	Female
First Name	Last Name	Birth Date	Age		
Primary Contact: Parent or Gua					
Name:	Address: City_State & Zin				
Primary Phone:	City, State & Zip Alternate Phone) 			
Secondary Contact: Parent/ Name:	/Guardian □Other				
Primary Phone:	Alternate Phone				
Primary Insurance Co	Primary Group	/Policy #		/	
Family Physician Name	Physician Phor	ne			
Please elaborate on <u>any medical</u>	l conditions of which we should be aware:				
Any medications currently being t	taken:				
Any <u>allergies</u> :					
If None, please write None.					
Participant Signature(regardless of age):	Date:				
of the leaders who will be in charge of participant has full medical insurance possession of authorized adult team allow the authorized adult team perso	avel sponsored by USA Volleyball or any of its Re of this program. I recognize that the leaders are e with the company listed above. I understand an personnel and that reasonable care will be used connel to release this information in the event of a my knowledge that the participant named hereon	serving to the nd agree that to to keep this in a medical emer	ball Assoc best of th his docur formatior gency to	ciations (RVA eir ability. 1 nent will be k n confidential a third party	As). I approve certify that the kept in the I. I agree to medical
Parent/Guardian Signature:		Date:			
Relationship to Participant:					
	s/son's activities in volleyball, she/he should beca care. I will assume financial responsibility for the Da		through r	ny insurance	
or					
I do not authorize emergency m Signature: Parent/Guardian	nedical/dental care for my daughter/son. Da	ite:			