

2014 HVVC AAU Volleyball Medical Release Form

This must be completed, legibly, and signed in all areas by both the player and a parent or guardian. By signing this form, the participant affirms having read it. A copy of this form must be shown and on premise at any HVVC Club volleyball event.

Athlete First Name: _____ **Last Name:** _____

Team: _____ **Head Coach:** _____

Birth Date: _____ Age: _____ Gender: _____

AAU Membership #: _____ USAV Membership #: _____

Player Home Phone: _____ Player Cell Phone: _____

Player Address: _____

City, State, Zip: _____ Email: _____

Parent or Guardian: In Emergency, Contact:

First Name: _____ Last Name: _____

Primary Phone #: _____ Secondary Phone #: _____

Employer: _____ Insurance Company: _____

Primary Group #: _____ Policy #: _____

Family Physician Name: _____ Physician Phone #: _____

Immunizations (please state month & year) Tetanus: _____

Participant Signature: _____ Date: _____

_____ (player name) has my permission to participate in training, competition, events, activities, and travel sponsored by Club Utah, AAU, and USA Volleyball. 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 hereon is physically fit to engage in the activities described above.

Parent/Guardian Signature: _____ Date: _____

To the Staff of Volleyball Leaders:

If, during the course of my athlete's activities in volleyball, if he/she should become ill or sustain an injury, I hereby authorize you to obtain emergency medical/dental care. Is there any psycho-social or physical condition for which the participant is currently under professional care? NO YES

Is the participant currently taking any medications? NO YES If yes, please name the drug(s), dosage, and frequency: _____

List any known allergies:

Please elaborate on any medical conditions of which we should be aware of below, including any injuries the participant has suffered in the last six months. State any special instructions to follow in case of emergency below.

I will assume financial responsibility for my bills incurred through my insurance company.

Parent/Guardian Signature: _____ Date: _____

I do not authorize emergency medical and/or dental care for my athlete.

Parent/Guardian Signature: _____ Date: _____

Medical Conditions/Special Instructions/Injuries
