

2015-2016 NorthShore Volleyball – Medical Release Form

This must be completed – legibly – and signed in all areas by both the player and 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.*

Player First Name: _____ Last Name: _____ Birth Date _____ Age _____

Primary Contact: Parent or Guardian

Name: _____ Address: _____

Primary Phone: _____

Alternate Phone: _____

Secondary Contact: Parent/Guardian Other _____

Name: _____

Primary 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:

Please list any medications currently being taken:

In the past 24 months, have you been tested and/or treated for a concussion: Yes No

If yes, please provide the date (months and year), and who performed the testing/diagnosing/treatment and what was the outcome.

Please list any allergies:

If None, please write None.

Participant Signature _____ Date: _____

Participant, _____, has my permission to participate in training, competition, events, and activities sponsored by AAU 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 understand and agree that this document will be kept in the possession of the authorized adult team personnel and that reasonable care will be used to keep this information confidential. I agree to allow the authorized adult team personnel to release this information in the event of a medical emergency to a third party medical provider. I also certify to the best of my knowledge that the participant named hereon is physically fit to engage in the activities described above.

Parent/Guardian Signature: _____ Date: _____ Relationship: _____

If, during the course of my daughter's activities in volleyball, she 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.

Signature: _____ Date: _____