

# FLORIDA AAU VOLLEYBALL PROGRAM

## Registration and Medical Release Form

This form must be carried with the coach during all training and competitions. Please complete all sections of this form. Both the player and their parent/guardian must sign in all appropriate areas. By signing this form, the participant and parent/guardian affirms they have read and understand it.

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MI \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

BIRTH DATE \_\_\_\_\_ AGE \_\_\_\_\_ AAU MEMBERSHIP NO. \_\_\_\_\_

Club NAME \_\_\_\_\_ Club Code: WYWYA3 \_\_\_\_\_

**Please indicate which session or sessions your daughter/son will be participating in.**

Competitive Session 1  Competitive Session 2  Beginner Session 1  Beginner Session 2   
April 18 - May 17 July 9 - 30 April 20 - May 18 (Saturdays) July 13 - Aug 3 (Saturdays)

The Participant, \_\_\_\_\_, has permission to participate in the AAU Volleyball Program. I certify that the participant has full medical insurance with the company listed below and is physically fit to engage in the activities of the program. I approve the leaders and coaches of this program and recognize that they will serve to the best of their ability.

**MUST SIGN:** \_\_\_\_\_ Date: \_\_\_\_\_  
PARTICIPANT SIGNATURE

**MUST SIGN:** \_\_\_\_\_ Relationship: \_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

Print Name: \_\_\_\_\_  
PARENT/GUARDIAN

PHONE \_\_\_\_\_ OTHER PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

INSURANCE COMPANY \_\_\_\_\_

GROUP # \_\_\_\_\_ POLICY # \_\_\_\_\_

DOES THIS POLICY COVER SPORTS RELATED ACCIDENTS?  
(CIRCLE ONE) YES / NO

### MEDICAL RELEASE:

I recognize that all sports, including volleyball, pose a risk of physical injury to the participants. If my daughter/son should become ill or sustain an injury during their activities of the volleyball program, I hereby authorize you to obtain emergency medical/dental care for which I will pay, including emergency transportation costs.

**SIGN:** \_\_\_\_\_ Date: \_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE