## YOUTH & JUNIOR VOLLEYBALL PLAYER 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 the reasonable care will be used to keep the information confidential.

	participant affirms having r			
First Name	Last Name		Birth Date	Age
Primary Contact: Par				
Name:				
Primary Phone:			Alternate Phone:	
	☐ Parent/Guardian			
Primary Phone:			Alternate Phone:	
Primary Insurance Co			Primary Group/Policy#	
Family Physician Name			Physician Phone	
Please elaborate on any	medical conditions of wh	ich we shou	ld be aware:	
Please list any medicati	ons currently being taken:	:		
If yes, provide the date	nave you been tested, diag (months and year), who p : (If None, please write No	erformed the		n: ☐Yes ☐ No attment and what was the outcome:
Participant,				
Relationship to Particip	ant		_	
<b>authorize</b> you to obtain through my insurance of Signature	n emergency medical/denta ompany.		ll assume financial respo	r sustain an injury, I hereby onsibility for the bills incurred
or				
Signature	ergency medical/dental car	re for my da	ughter. Date:	

2025-2026 Season Revised 05/31/2025