PLAYER MEDICAL HISTORY and RELEASE FORM

This form must be **completed** – **legibly** – and **signed** in all areas by both the player and her parent or guardian. By signing this form the participant affirms having read it. A copy of this form must be carried with the coach for all practices and competitions.

Name _____
last first middle

Birth date _____ Age _____

Parent or Guardian

Name _____

Address _____

_____Zip _____

Cell Phone _____

Home Phone _____

Work Phone _____

In Case of an Emergency Contact:

Name _____

Home Phone _____

Work Phone _____

Cell Phone _____

Insurance Co. _____

Group/Policy #_____

Does policy cover sport-related accidents? Yes No (please circle)

To whom it may concern:

Participant, _____ _, has my permission to participate in training, competition, events, activities, and travel sponsored by the MSF or AAVB Club. 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 named here on is physically fit to engage in the activities described above.

_____ _____
Parent/Guardian Signature Date

_____ _____
Print Parent/Guardian Name Relationship

To the Austin Area Volleyball Club Coaches and Leaders:

If during the course of my daughter's activities in volleyball should she become ill or sustain an injury, I hereby authorize you to obtain emergency medical/dental care.

_____ _____
Parent/Guardian Signature Date

I **do not** authorize emergency medical/dental care for my daughter.

_____ _____
Parent/Guardian Signature Date