THIS FORM IS TO BE CARRIED TO ALL COMPETITIONS AND PRACTICES.

ROSEAU RAM JO VOLLEYBALL CLUB

PLAYER MEDICAL RELEASE FORM

This must be completed – legibly – and signed in all areas by both the player and his/her parent or guardian.
By signing this form the participant/guardian affirms having read it.

Name _____
Last First Birth Date Age Gender

Primary Contact: Parent or Guardian

Name _____ Address _____ Zip _____
Phone _____ Alternate Phone _____

Secondary Contact: ____Parent or Guardian ____ Other

Name _____ _____
Phone _____ Alternate Phone _____

Primary Insurance Co. _____ Primary Group/Policy# _____
Family Physician Name _____ Physician Phone _____

Please elaborated on any medical conditions of which we should be aware:

Any medications currently being taken:

Any allergies:

If None, please write None:

Signed _____ Date _____
Participant

Participant, _____, has my permission to participate in training, competition, events, activities and travel sponsored by Roseau JO Volleyball 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 heron is physically fit to engage in the activities described above.

Signed _____ Relationship _____ Date _____

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.
Signed _____ Date _____
Parent or Guardian

or

I **do not authorize** emergency medical/dental care for my daughter.
Signed _____ Date _____
Parent or Guardian

See back of form for more information/signatures

I acknowledge that volleyball or any sporting event is an extreme test of a person's physical and mental limits and that my participation in a volleyball practice/event can cause potential death, serious injury, or property damage. With a full understanding of the potential risks, **I HEREBY ASSUME THE RISKS OF PARTICIPATING OR OFFICIATING IN A VOLLEYBALL PRACTICE/EVENT.**

I hereby take the following action by myself, my executors, administrator, heirs, next of kin, successors, and assigns: a) **I WAIVE, RELEASE, AND DISCHARGE** from any and all claims or liabilities for death or personal injury or damages of any kind, which arise out of or relate to my traveling to and from or my participation in any volleyball practice/event, the following person or entities: Roseau JO Volleyball Club Board Members, coaches, volunteers; b) **I AGREE NOT TO SUE** any of the persons or entities listed above for any of the claims or liabilities that I have waived, released, or discharged herein; and c) **I INDEMNIFY AND HOLD HARMLESS** the persons or entities mentioned above from any claims made or liabilities assessed against them as a result of my actions.

_____ _____ _____

Printed Name of Participant Signature of Participant Date

_____

Birthdate

_____

Address of participant

_____ _____ _____

City State Zip code

_____ _____ _____

Printed Name of Parent/guardian Signature of Parent/Guardian Date