2022 CB YOUTH & JR VOLLEYBALL PLAYER MEDICAL RELEASE FORM

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

First Name: _____ Last Name: _____

Team Name: _____ Birth Date: _____ Age:_____☐Male ☐Female

Primary Contact: Parent or Guardian

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

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: _____

Participant Signature (regardless of age): X_____ Date: _____

Participant, _____, has my permission to participate in training, competition, events, and activities hosted by Coconut Beach. 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 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. 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 to Participant: _____

If, during the course of my daughter's/son's activities in volleyball, she/he 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: _____

OR

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

Signature: _____ Date: _____

2022 Season