



**POWERZONE VOLLEYBALL  
2009 PLAYER MEDICAL RELEASE FORM**

This must be completed legibly and signed by participant's parent or guardian before start of training camp. By signing this form the participant and participant's parent/guardian affirms having read it.

**PLAYER**

Last Name	First Name	Gender	Age	Date of Birth
		M/F		/ /

**PRIMARY CONTACT: PARENT OR GUARDIAN**

Last Name	First Name	Phone	Alt Phone
		( )	( )
Address	City	State	Zip

**SECONDARY CONTACT:**

Last Name	First Name	Phone	Alt Phone
		( )	( )

**INSURANCE & PHYSICIAN**

Company	Policy Number	Physician Name	Physician Phone
			( )

**PLAYER MEDICAL INFORMATION**

List medical conditions we should be aware of: (Please elaborate)
List any medications player is taking: (If none please write none)
List any allergies player has: (If none please write none)

Participant, \_\_\_\_\_, has my permission to participate in PowerZone Volleyball Summer Camp. 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 hereon is physically fit to engage in the camp activities.

Parent or Guardian	Parent or Guardian Signature	Date

**EMERGENCY MEDICAL CARE (SIGN ONE)**

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 PowerZone Volleyball to obtain emergency medical/dental care. I will assume financial responsibility for aforementioned emergency medical/dental bills incurred.

Parent or Guardian	Parent or Guardian Signature	Date

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

Parent or Guardian	Parent or Guardian Signature	Date

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