



## POWERZONE VOLLEYBALL 2010 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 Programs. 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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