

# HIGH PERFORMANCE VOLLEYBALL ACADEMY (HPVBA)

Medical Release (one form per athlete please)

Player Name: \_\_\_\_\_ Graduation Year: \_\_\_\_\_ DOB: \_\_\_\_\_

Mothers Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Mother's email: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Father's email: \_\_\_\_\_

Emergency Contact (if no parent can be reached): \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Permission to Treat As custodial parent or court-appointed guardian of the above mentioned child, I do for both of child's parents, for child's heirs and successors, release HPVBA and any of its agents, employees, representatives, and the HPVBA Sport Centers, from all claims arising out of or connected with child's in any HPVBA event, camp or practice. I provide this release because I am mindful that athletics, physical training and competition can be a dangerous undertaking regardless of how careful or prudent any person, firm or facility might be. Further, I give permission to HPVBA to treat Child or arrange for medical care or treatment for Child in any situation deemed reasonably necessary by HPVBA. In the event neither emergency contact can be reached or is the urgency of the situation requires immediate attention without prior telephone contact, HPVBA, may arrange for medical treatment for the Child at the expense of the parent or guardian signing this form.

Health Insurance information for child is as follows:

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

In order to seek appropriate medical attention and treatment of Child, please disclose the following:

Allergies: \_\_\_\_\_

Heart Disease, Asthma, seizures, diabetes or other: \_\_\_\_\_

Any conditions either physical or mental that would or might affect the child's participation in HPVBA Club activities:

\_\_\_\_\_

Medications: \_\_\_\_\_

I have read the above and answered all questions to the best of my knowledge, thereby releasing HPVBA Academy from any liability.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

If athlete is over 18, Sign: \_\_\_\_\_ Date: \_\_\_\_\_