North Branch Volleyball Club (NBVBC)

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 NBVBC and any of its agents, employees, representatives, and the NBVBC facilities, from all claims arising out of or connected with child's participation in any NBVBC event, competition 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 NBVBC to treat said Child or arrange for medical care or treatment for Child in any situation deemed reasonably necessary by NBVBC. In the event neither emergency contact can be reached or the urgency of the situation requires immediate attention without prior telephone contact, NBVBC 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: _____