

TAMPA BAY JUNIORS VOLLEYBALL CLUB
PLAYER MEDICAL HISTORY AND RELEASE FORM USA YOUTH & JUNIOR OLYMPIC VOLLEYBALL

This form must be completed – legibly – and signed in all areas by both the player and his or her parent or guardian. By signing this form the participant affirms having read it. **A copy of this form must be carried with the coach for all training and competitions.**

Athlete's Name _____ Age _____ Birthdate _____

Gender Female or Male (circle one) Team Name: Tampa Bay Div _____

Home Address (City, state, zip) _____

IN CASE OF EMERGENCY, PLEASE CONTACT: Athlete resides with: mother father both (circle one)

Mother/Legal Guardian _____ Father/Legal Guardian _____

Phone (h) _____ (w) _____ Phone (h) _____ (w) _____

Cell _____ Cell _____

Physician's Name _____ Phone _____

Name of Additional Contact Person (other than parents) _____

Phone (h) _____ Phone (w) _____ Phone (c) _____

Primary Insurance Co. _____ Group/Policy # _____

Does this policy cover sports related accidents? yes no (circle one)

Signed (participant): _____

MEDICAL INFORMATION:

Date of last Tetanus _____ Polio _____ Measles _____ OR Current? _____ Height _____ Weight _____

List any known allergies _____

Is the Participant currently taking any medications? yes no (circle one) list name, dosage and frequency of administration _____

Is there any psycho-social or physical condition for which the participant is currently under professional care? yes no
If so, list _____

Please list any medical conditions or religious restrictions we should be aware of in administering medical/dental care _____

Does the participant currently, or have they in the past, suffered from: Asthma, congenital problems, diabetes, epilepsy, heart disorders. yes no (circle one) If so, list condition and date _____

Does the participant currently, or have they in the past, suffered from an injury to the: ankle, knee, back, head/neck, shoulder, elbow, wrist, hand, finger other. yes no (circle one) If so, list injury and date _____

Will this condition or injury restrict participation. yes no (circle one) Specify _____

List any special instructions in case of emergency _____

AUTHORIZATION:

The participant, _____, has my permission to participate in training, competition, events, activities and travel sponsored by USA Volleyball, any of it's Regional Volleyball Associations and/or Tampa Bay Juniors Volleyball Club. I approve of the leaders who will be in charge of this program and individual team leaders. 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 activities described above.

Signed (Parent/Guardian): _____ Date: _____

Relationship: _____

If during the course of the athlete's participation, they should become ill or sustain an injury, I hereby authorize medical/dental treatment to be obtained. I will assume financial responsibility for all bills incurred through my insurance company.

By signing below, I acknowledge that access to the information on this form will be given to any party or parties that Tampa Bay Juniors deems appropriate. Such parties may include; TBJVC Staff members, TBJVC coaches, team moms, event trainers, event administration, other medical personnel.

SIGNED _____ Date _____ Relationship _____
(Parent/Guardian)

Notary's Signature _____ Stamp:

Date _____