



Western Empire Volleyball Association High Performance Program

Tryouts, Camps and Teams

Player Medical History and Release Form

58 Meadowlark Drive
Penfield, NY 14526
585-259-6557

www.wevavolleyball.org



USA Volleyball.

This form **must** be completed – legibly – and signed in all indicated areas by the participant and parent or guardian of the participant.

By signing this form the participant's parents or guardians affirm having read it.

Athlete:

Last Name _____ First Name _____

Birth date _____ Current age _____ Gender _____

Parent or Guardian:

Name _____

Address _____

City _____ St. _____ Zip _____

Home Phone _____

Work Phone _____

Cell Phone _____

Medical Information:

Family Physician: _____

Physician Phone: _____

Primary Insurance Co: _____

Primary Group Policy #: _____

Emergency Contact:

Name _____

Relationship to athlete _____

Home phone _____

Work phone _____

Cell phone _____

Participant, _____, has my permission to participate in training, competition, events, activities and travel sponsored by USA Volleyball or any of its Regional Volleyball Associations (RVAs). 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 activities described above.

Participant Signature _____ Date _____

Parent / Guardian Signature _____ Date _____

Relationship to athlete _____

To the staff:

If, during the course of my son / daughter's activities related to WEVA High Performance volleyball, he/she should become ill or sustain an injury, I hereby authorize you to obtain emergency medical / dental care.

I will assume financial responsibility for bills and costs incurred through my insurance company.

Parent / Guardian Signature _____ Date _____

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

Parent / Guardian Signature _____ Date _____