

CLUB 1 VOLLEYBALL

2014-2015 FALL LEAGUE MEDICAL FORM

First Name: Address: Home Phone: Email: Date of Birth: Gender:	Last Name: City, State, Zip: Work Phone: Cell Phone: Graduation Year:
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AS CUSTODIAL PARENT OR COURT-APPOINTED GUARDIAN OF ("CHILD"), I DO FOR BOTH OF CHILD'S PARENTS, FOR CHILD AND CHILD'S HEIRS AND SUCCESSORS, RELEASE CLUB 1 VBSAND ANY OF ITS AGENTS, EMPLOYEES OR REPRESENTATIVES (ALL OF THE FOREGOING COLLECTIVELY "CLUB 1 VBC") FROM ALL CLAIMS ARISING OUT OF OR CONNECTED WITH CHILD'S PARTICIPATION IN ANY CLUB 1 VBC . 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 CLUB 1 VBC TO TREAT CHILD OR ARRANGE FOR MEDICAL CARE OR TREATMENT FOR CHILD IN ANY SITUATION DEEMED REASONABLY NECESSARY BY CLUB 1 VBC. IF CIRCUMSTANCES PERMIT, CLUB 1VBC SHALL COMMUNICATE FIRST VIA TELEPHONE WITH THE FOLLOWING EMERGENCY CONTACTS FOR CHILD: x_____

x_____ x___/___/___
PRINT NAME HERE SIGN NAME HERE DATE

Emergency Contact: Name: Relationship:	Phone:
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In the event neither the emergency contact can be reached or if the urgency of the situation requires immediate attention without prior telephone contact, CLUB 1 VBC 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: Address: Phone:	Policy Number: City, State, Zip:
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In order to seek the appropriate medical care of treatment of Child, please disclose the following:
 Allergies:
 Heart Disease or Other:
 Any other conditions, symptom or disability which would or might affect medical care or treatment or participation in the CLUB 1 VBC program:
 Disabilities:

REFUND POLICY If you need to cancel your registration and it is at least 3 weeks prior to the beginning of the camp, you will receive a full refund less \$30 for administrative costs. Any cancellations inside of 3 weeks before camp will not receive any refund unless it is for an injury that is supported by a doctor's note stating you cannot attend.

I understand this refund policy X_____

Sign Name Here

WE WILL HAVE LIMITED ENROLLMENT FOR EACH OF OUR CAMPS. ENROLL TODAY!