



# PLAYER MEDICAL RELEASE FORM

This **must be** completed - legibly - and signed in all areas by the player's parent or guardian.  
**By signing this form the signee affirms having read it.**

Name: \_\_\_\_\_  
Last First Birth Date Age Gender

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Primary Contact:** Parent or Guardian

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

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Secondary Contact:**  Parent/Guardian  Other

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Primary Insurance Co.: \_\_\_\_\_ Primary Group/Policy #: \_\_\_\_\_

Family Physician Name: \_\_\_\_\_ Physician Phone: \_\_\_\_\_

Please elaborate on any medical conditions of which we should be aware:

Any medications currently being taken:

Any allergies:

If None, please write None.

Participant, \_\_\_\_\_, has my permission to participate in training, competition, events, and activities relating to The Blast Volleyball Academy programs. 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.

**May we administer to** \_\_\_\_\_ : Acetaminophen (Generic Tylenol): NO YES  
 Participant Ibuprofen (Generic Advil): NO YES

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

If, during the course of my daughter's/son's activities in volleyball, she/he should become ill or sustain an injury, I hereby **authorize** you to obtain emergency medical/dental care. I will assume financial responsibility for the bills incurred through my insurance company.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
 Parent or Guardian

or

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

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
 Parent or Guardian