Munciana Volleyball, Inc.
d/b/a Munciana Volleyball Club
Medical Release and Waiver Form 2018-2019

Participant:_____ Date of Birth:_____

Email:_____ Phone: (_____)_____

Address:_____ City:_____ St____ Zip:_____

I am the parent or legal guardian of Participant, and I promise that I have legal authority to execute this Medical Release and Waiver on my behalf and on behalf of the Participant. Participant _____, Has my permission and all necessary permissions to participate in training, competition, events, activities and travel ("Activities") sponsored and/or conducted by Munciana Volleyball Club. I approve the leaders who will be in charge of the Participant is physically fit to engage in all activities.

Signed: _____ Relationship: _____ Date: _____

AS CUSTODIAL PARENT OR COURT-APPOINTED GUARDIAN OF _____ ("PARTICIPANT"). I DO FOR BOTH OF PARTICIPANT'S PARENTS, FOR PARTICIPANT AND PARTICIPANT'S HEIRS, PERSONAL REPRESENTATIVES, AND SUCCESSORS AND ASSIGN, I give permission to MUNCIANA VOLLEYBALL CLUB to treat the named Participant or arrange for medical care or treatment for Participant in any situation deemed reasonably necessary by MUNCIANA VOLLEYBALL CLUB. If circumstances permit, MUNCIANA VOLLEYBALL CLUB shall attempt to communicate first via telephone with the following emergency contacts for child.

Primary Emergency Contact:

_____
(Name and Relationship) (telephone #)

Secondary Emergency Contact:

_____
(Name and Relationship) (telephone #)

In the event neither emergency contact can be reached or if the urgency of the situation requires immediate attention without prior telephone contact, ASICS MUNCIANA VOLLEYBALL CLUB may arrange for medical treatment for the Participant at the expense of the parent or guardian signing this form. Health Insurance, PPO information for Participant is as follows:

Insurance Company:_____ Policy Number:_____
Address:_____ City:_____ St:_____ Zip:_____
Telephone:(____)_____ Fax: (____)_____

In order to seek appropriate medical care of treatment of Participant, please disclose the following:
(please specify, enter "none")

Allergies:_____ Heart disease or other:_____

Any other conditions, symptoms or disability which would or might affect medical care or treatment or participation in the ASICS MUNCIANA VOLLEYBALL CLUB: _____
_____

This Medical Release and Waiver may be executed in one or more counterparts.

_____ _____ _____
Signature of Parent/Guardian Printed Name of Parent/Guardian Date

_____ _____ _____
Signature of Parent/Guardian Printed Name of Parent/Guardian Date