



CLUB Chico Volleyball
Medical Release Form



This form must be carried with the coach during all training and competitions. Please complete all sections of this form. Both the player and her parent/guardian must sign in all appropriate areas. By signing this form, the participants and parent/guardian affirms they have read and understand it.

Name _____

Address _____

City _____ State _____ Zip code _____

Birthdate _____ grade _____ age _____

CLUB Team Name _____

The Participant _____, has my permission to participate in the CLUB Chico Volleyball program. I certify that the participant has full medical insurance with the company listed below and is physically fit to engage in the activities of the program. I approve the leaders and coaches of this program and recognize that they will serve to the best of their ability.

Participant signature _____ Date _____

Parent/Guardian signature _____ Date _____

Parent phone _____

Insurance Company & Group Policy # _____

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

MEDICAL RELEASE: check one

____ If my son or daughter should become ill or sustain an injury during his or her activities of the volleyball program, I hereby authorize you to obtain emergency medical/dental care.

Parent/Guardian Signature _____

____ I DO NOT authorize emergency medical/dental care for my daughter.

Parent/Guardian Signature _____

Please list any medical conditions of participant:



CLUB Chico Volleyball
Private Vehicle and Driver Information

DRIVER INFORMATION

Driver's Name _____

Address _____

City _____ State _____ Zip code _____

Cell phone # _____ Date of Birth _____

Driver's License # _____

Expiration Date _____

VEHICLE INFORMATION

Name of owner _____

Address _____ (if different than above)

City _____ State _____ Zip code _____

Make _____ Year _____

License Plate # _____ # of seats _____ # of seatbelts _____

INSURANCE INFORMATION

Insurance Company _____

Policy Number _____ Expiration Date _____

Liability Limits of Policy _____

Name of agent _____ Phone # _____

I certify that the information listed above is true and correct. I understand that if an accident occurs, my insurance coverage shall bear primary responsibility for any losses or claims for damages.

Driver's signature _____ Date _____

Player Waiver for CLUB Chico Volleyball program

PLAYER NAME _____

In consideration of being allowed to participate in any way in the above listed club sport, related events and activities, I, the undersigned, acknowledge, appreciate and agree that:

1. The risk of injury from the activities involved in volleyball sporting events is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and
2. I knowingly and freely assume all such risks, both known and unknown, and assume full responsibility for my participation; and
3. I willingly agree to comply with the stated instructions and policies and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release, indemnify and hold Jackson Sports Academy, CLUB Chico Volleyball and their officers, officials, agents and/or employees, other sport participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event or activity ("Releases") harmless with respect to any and all injury, disability, death, or loss or damage to person or property, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY AGREEING TO IT, AND AGREE TO IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Agreement Acknowledgment

DATE _____

I am the parent or guardian of the above and I agree and accept the terms of this waiver.