



MEDICAL RELEASE:

I hereby authorize my child to participate in the McMinnville Volleyball Association, Inc. program. Neither I, nor my child, will hold the McMinnville Volleyball Association, Inc. or it's coaches liable for any injuries, exposures, or expenses relating to injuries or exposures while my child is participating in any of the McMinnville Volleyball Association, Inc. events.

Parent or Guardian Signature: _____ Date: _____

Athlete Name: _____ Medical Insurance Company: _____

Subscriber's Name: _____ Group/ID Numbers: _____

Emergency contact: _____ Phone: _____

Additional medical information (medical conditions/allergies/etc.) _____
