



High Performance Beach Volleyball

Medical Release/Liability Release/Permission Slip Form

Please Fill Out Completely

Athlete's Name: _____ Home Phone (____) ____ - _____

Birthday (M/D/Y) _____ Sex (M) _____ (F) _____ Age: _____

Street Address: _____

City: _____ State: _____ Zip: _____

MEDICAL RELEASE

In the event my child (children) becomes ill or is injured while under **SHP Beach Volleyball** supervision, I authorize the "**Person in Charge**" (defined as the person in charge of Seminole High Performance Beach Volleyball Program or the Person in Charge's designee) to take the following steps in the following order:

1. Contact the parent(s) of the child and follow his/her instructions.
2. In the event of an emergency when neither parent can be contacted, the **Person in Charge** will immediately attempt to contact the child's physician and follow his/her instructions.
3. If the child's physician cannot be immediately reached, the **Person in Charge** will use their own discretion in contacting a properly licensed practicing physician or the nearest hospital and follow his/her instructions.
4. At the same time as the preceding steps are occurring, I authorize the "**Person in Charge**" to call for/order emergency medical services for the child. If in the opinion of a properly licensed and practicing physician my child needs medical or surgical services which require my consent before being supplied, and I cannot be reached, I hereby authorize, appoint and empower the "**Person in Charge**" to furnish, on my behalf, such written or oral authorization as may be so required. Further, I release **SHP Beach Volleyball** and its representatives from any liabilities which might arise from the giving of such authorization, it being my desire that my child be furnished with such medical or surgical services as soon as reasonably possible after the need arises.

ALLERGIES OR SPECIAL MEDICAL INFORMATION

Statement of Health (To be filled out by parent or guardian)

Emergency Contact: Name _____ Phone – Home (____) ____ - _____

Work (____) ____ - _____ Cell (____) ____ - _____

-Alternate Emergency Contact: Name _____

Phone – Home (____) ____ - _____ Work (____) ____ - _____

Cell (____) ____ - _____

-Parent or guardian: _____ Employer: _____

Family Insurance Company: _____ Policy # _____

Phone # _____ Name of Insured: _____

Phone # _____

Primary Care Physician: _____ Phone # _____

Immunizations: Date of last Tetanus Shot/Boosters: _____

List medication(s) participant is currently taking: _____

List all medications that participant is bringing: _____

ALLERGIES (check any that apply): Drugs Plants Food Bee Stings Other _____

_ Yes _ No: My child can be given pain reducing medication (i.e., Tylenol, aspirin, etc.) as deemed necessary by Person In Charge. If **NO**, please list medications not to be dispensed:

****All medications, including non-prescription drugs must be turned into the "Person in Charge" upon arrival.**

LIABILITY RELEASE

In consideration of the furtherance of your purposes, objectives and work, and in consideration of your permitting my child to participate in **SHP Beach Volleyball**, I do for myself and my heirs, executors, administrators and assigns, hereby waive and release any and all rights and claims for damages which I may have against **SHP Beach Volleyball** as well as any other person connected with the activity including said person's heirs, executors, administrators, successors, and assigns for any and all injuries which my child may suffer while taking part in said activity or as a result thereof.

It is agreed that all risks associated with watching and/or participating in **SHP Beach Volleyball** including but not limited to bodily injury, are assumed by the student and his/her parents and/or guardian, and that this assumption is acknowledged, approved, and agreed to by said student and his/her parents and/or legal guardian as indicated by their signature hereto.

I hereby certify that _____ is physically able to participate in **SHP Beach Volleyball** and that I know of no physical impairments which would in any manner limit his/her participation in such a program.

PARENTAL AUTHORIZATION

I hereby give permission for my child to participate in **SHP Beach Volleyball**, and I further certify that the health history given to **SHP Beach Volleyball** is correct as far as I know and the "**Person in Charge**" has permission to engage in all prescribed activities, except as noted. **IN CASE OF EMERGENCY**, after following the procedures prescribed above, I hereby give permission to the physician or hospital selected by the **Person in Charge** to hospitalize, secure proper treatment for, and to order injections, anesthesia, or surgery for my child.

Parent/Guardian Name (printed): _____

Parent/Guardian Signature: _____ Date: _____

Athlete Name (printed): _____

Athlete Signature: _____ Date: _____