

2020 KASH Volleyball Registration and Medical Release Form

Please complete the following in order to participate in the KASH Volleyball program. In the case of injury and you are not present, we need the following information in order to contact you and begin medical treatment if necessary. This form is also necessary for insurance purposes.

Player's name: _____

Date of Birth: _____ Age as of Sept 1, 2020: _____ Grade Fall 2020: _____

Player's email address: _____

Parents' names: _____

Address: _____

Parents' phone: _____

Parents' email address: _____

Additional emergency contact in case parents could not be reached in case of emergency:

Name: _____ Phone Number: _____

Name of doctor, hospital preference, insurance information:

We, the parents of the child named above, give KASH Volleyball Coaches or Board permission to transport our daughter for medical examination if injured during practice or a game and we can't be reached. We consent to any necessary medical or dental examination and emergency treatment until we can be reached.

Parents' Signature: _____

Printed Parents' Name: _____

Date: _____