



JVA, USA Volleyball and AAU Medical Release and Waiver Form

Name: _____ E-mail: _____ Date of Birth: _____

Address: _____ City: _____ St. _____ Zip: _____

Phone: (____) _____ Fax: _____

Participant _____, has my permission to participate in training, competition, events, activities and travel sponsored by JVA, AAU, or USA Volleyball. I approve the leaders who will be in charge of this program. I recognize that the leaders are serving to the best of their ability. I certify that the participant has full medical insurance with the company listed below. I also certify to the best of my knowledge that the participant named hereon is physically fit to engage in the activities described herein.

Signed: _____ Relationship: _____ Date: _____

AS CUSTODIAL PARENT OR COURT-APPOINTED GUARDIAN OF _____ (“CHILD”). I DO FOR BOTH OF CHILD’S PARENTS, FOR CHILD AND CHILD’S HEIRS AND SUCCESSORS, RELEASE JVA, USA Volleyball and AAU Volleyball and their CORP. AND ANY OF ITS AGENTS OR REPRESENTATIVES (ALL OF THE FOREGOING COLLECTIVELY “JVA.”) FROM ALL CLAIMS ARISING OUT OF OR CONNECTION WITH CHILD’S PARTICIPATION IN ANY JVA, AAU, USAV PROGRAM OR TOURNAMENT. I PROVIDE THIS RELEASE BECAUSE I AM MINDFUL THAT ATHLETICS, PHYSICAL TRAINING AND COMPETITION CAN BE A DANGEROUS UNDERTAKING REGARDLESS OF HOW CAREFUL OR PRUDENT ANY PERSON, FIRM OR FACILITY MIGHT BE.

Further, I give permission to JVA, AAU, and USA Volleyball to treat Child or arrange for medical care or treatment for child in any situation deemed reasonably necessary by JVA, USA Volleyball or AAU. If circumstances permit, JVA, USA Volleyball and AAU shall attempt to communicate first via telephone with the following emergency contacts for child.

Primary Emergency Contact: Secondary Emergency Contact:

(Name and Relationship) (telephone #) (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, JVA, AAU, and USA Volleyball may arrange for medical treatment for the Child at the expense of the parent or guardian signing this form. Health Insurance, PPO information for child is as follows:

Insurance Company: _____ Policy Number: _____

Address: _____ City: _____ St: _____ Zip: _____

Telephone: (____) _____

In order to seek appropriate medical care of treatment of Child, please disclose the following:

Allergies: _____ (please specify, enter “none”)

Heart disease or other: _____ (please specify, enter “none”)

Any other conditions, symptoms or disability which would or might affect medical care or treatment or participation in the JVA program: _____

Signature (Custodial parent or court appt. guardian) (Date)

Release – Permission to Treat & Emergency Information. Form must either be carried to JVA, AAU, USA Volleyball authorized Event, Competition and Practices or on file at AllPlayers.com. This MUST be completed—legibly—and signed in all areas by both the player and his/her parent or guardian. BY SIGNING THIS FORM THE PARTICIPANT AFFIRMS HAVING READ IT.