

# NORTHERN CALIFORNIA VOLLEYBALL ASSOCIATION

## 2001 - 2002 Girls Division - USA YJOV Player Medical History and Release Form

This must be completed - legibly - and signed in all areas by both the player and his or her parent or guardian. By signing this form the participant affirms having read it. **A copy of this form must be carried with the coach for all training and competitions.**

Name \_\_\_\_\_  
Last First

Birth Date Age Gender Social Security Number

Parent or Guardian:

In Emergency, Contact:

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Zip \_\_\_\_\_

Work Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Primary Insurance Co. \_\_\_\_\_

Work Phone \_\_\_\_\_

Primary Group/Policy # \_\_\_\_\_

Team Name \_\_\_\_\_ Division \_\_\_\_\_

Does policy cover  
sport-related accidents? \_\_\_\_\_ Yes \_\_\_\_\_ No

Family Physician Name \_\_\_\_\_

Physician Phone \_\_\_\_\_

Participant, \_\_\_\_\_, has my permission to participate in training, competition, events, activities and travel sponsored by USA Volleyball or any of its Regional Volleyball Associations (RVAs). I approve of 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 above. I also certify to the best of my knowledge that the participant named hereon is physically fit to engage in the activities described above.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_ Relationship: \_\_\_\_\_

### To the Club Leaders:

If, during the course of my daughter's/son's activities in volleyball, she/he should become ill or sustain an injury, I hereby authorize you to obtain emergency medical/dental care. I will assume financial responsibility for the bills incurred through my insurance company.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent or Guardian

I do not authorize emergency medical/dental care for my daughter/son.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

# NORTHERN CALIFORNIA VOLLEYBALL ASSOCIATION

## 2001 - 2002 Girls Division - USA YJOV Player Medical History and Release Form

**Immunizations** (please state month and year)

Tetanus \_\_\_\_\_ Polio \_\_\_\_\_ Measles(Rubella) \_\_\_\_\_

Health History	Yes	No	Date	Please elaborate (especially on those conditions that might be aggravated)
Allergies	_____	_____	_____	_____
Asthma	_____	_____	_____	_____
Congenital problem	_____	_____	_____	_____
Diabetes	_____	_____	_____	_____
Epilepsy	_____	_____	_____	_____
Heart	_____	_____	_____	_____
Ankle Injuries	_____	_____	_____	_____
Knee Injuries	_____	_____	_____	_____
Back Injuries	_____	_____	_____	_____
Head/Neck Injuries	_____	_____	_____	_____
Shoulder Injuries	_____	_____	_____	_____
Elbow Injuries	_____	_____	_____	_____
Wrist Injuries	_____	_____	_____	_____
Hand Injuries	_____	_____	_____	_____
Finger Injuries	_____	_____	_____	_____
Other Injuries	_____	_____	_____	_____

1) Height \_\_\_\_\_ Weight \_\_\_\_\_

2) Is there any psycho-social or physical condition for which the participant is currently under professional care?  
NO \_\_\_\_\_ YES \_\_\_\_\_

3) Is the participant currently taking any medications? NO \_\_\_\_\_ YES \_\_\_\_\_  
If so, please name the drug(s), dosage and frequency needed:

4) List any known allergies: \_\_\_\_\_

5) Please elaborate on any medical conditions we should be aware of: \_\_\_\_\_

6) Comments:

7) Please list any injuries the participant has suffered in the last two months: \_\_\_\_\_

8) State special instructions to follow in case of emergency: \_\_\_\_\_