EASTSIDE VOLLEYBALL CLUB
PEPSI COLA EXPOSURE CLASSIC
PLAYER MEDICAL HISTORY & RELEASE FORM

This form **must be** completed – legibly – and signed by both the player & her parent or guardian.

Name:_____

Birthdate:_____ **Age:**_____**SSN#:**_____

Parent or Guardian:

Name_____

Address_____

City_____ **Zip**_____

Home Phone_____

Work Phone_____

Hospital Preference_____

Family Physician Name_____

In Emergency, Contact:

Name_____

Home Phone_____

Work Phone_____

Primary Insurance Co:_____

Primary Group/Policy #_____

Does policy cover sport related accidents? Yes No

Physician Phone_____

1. **My daughter is allegic to the following medications:**_____
2. **My daughter is allergic to bee stings: YES NO**
3. **My daughter is allergic to the following foods:**_____
4. **My daughter has the following health problems:**_____
5. **My daughter takes the following medications:**_____
6. **My daughter has the following athletic injuries:**_____
7. **My daughter has had the following hospitalization:**_____

Participant, _____, has my permission to participate in training, competition, events, activities and travel sponsored by Eastside Volleyball Club. I recognize that 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, and hereby bind myself on behalf of the above minor to hold harmless the persons or entities named in this waiver from any claims or liabilities assessed against them as a result of any insufficiency of my legal capacity or authority to act for and on behalf of the minor in the execution of this waiver and release. Also, if during the course of my daughters activities in volleyball, she should become ill or substain and injury, I hereby authorize you to obtain emergency medical/dental, and I will assume financial responsibility for bills incurred through my insurance company.

Signed_____ **Date**_____

Player

Signed_____ **Date**_____

Parent or Guardian