



MEDICAL RELEASE FORM

Our student-athlete, as a participating member of the High School Athletic Team, **has / has not** (circle one) obtained our permission to receive medical treatment in the event of an injury in athletics. Every reasonable attempt will be made to contact me, as a parent or guardian, to inform me of the injury. This will also apply to other hospitals, medical centers and doctors when the team travels to another community. Due to State and Federal Hospital regulations, children less than 18 years of age may not receive treatment without parental consent. Therefore, my permission is so required.

Like all sports, volleyball has inherent risks that may lead to injuries. CBHSVA required that the competitor's parent or guardian sign this waiver in order to process the player's registration. Signature indicates that all concerned will hold CBHSVA harmless in the event of an injury during the spring volleyball season.

Team Name:	
Team's School Name:	
Player's Name:	
Date of Birth:	
School Attending:	
Grade:	
Parent or Guardian:	
Parent Address:	
Parent Email:	
Parent Home Number:	
Parent Cell Number:	
Emergency Number:	
Family Doctor:	
Doctor's Number:	
In case of emergency:	I authorize emergency treatment for my son: () yes () no
Special Instructions?	
Medical Conditions Explain condition:	My son has an important medical condition: () yes () no
Medications:	My son is currently taking medications: () yes () no
If so, please name the medication, dosage, and frequency of dosage:	
Please list the injuries the participant has suffered in the last two months:	
Parent or Guardian signature:	
Date:	

Team Advocate: Please keep this signed form on record.