

Medical History and Release Form

This form **must be completed** - clearly - 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. **A copy of this form must be carried with the coach for all training and competitions.**

Participant Information

First Name: _____ Last Name: _____

Date of Birth: _____ Age: _____ Gender: _____

Parent/Guardian Information

Full Name: _____ Full Name: _____

Full Address: _____ Full Address(leave blank if same): _____

Home Phone: _____ Home Phone: _____

Work Phone: _____ Work Phone: _____

Cell Phone: _____ Cell Phone: _____

Date of Birth: _____ Date of Birth: _____

Physician/Insurance Information

Physician Name: _____ Physician Phone: _____

Primary Insurance Carrier: _____

Group/Policy #: _____ Does policy cover sports-related accidents? **Y** **N**

Emergency Contact Information

Full Name: _____

Home Phone: _____ Work/Cell Phone: _____

Participant, _____, has my permission to participate in training, competition, events and travel sponsored by Starlings Volleyball Clubs, USA. I approve of the leaders who will be in charge of this program and recognize that they 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 heron is physically fit to engage in the activities described above.

Signed: _____ Relationship: _____ Date: _____

To the Club Leaders:

If, during the course of my son/daughter's activities in volleyball, he/she should become ill or sustain an injury:

_____ I DO authorize the CLUB LEADER to obtain emergency medical or dental care.

_____ I DO NOT authorize the CLUB LEADER to obtain emergency medical or dental care.

Signed: _____ Relationship: _____ Date: _____

Immunizations (please state month and year)

Tetanus: _____ Polio: _____ Measles (rubella): _____

Health History	Yes	No	Date	Please Explain, especially on those that may be aggravated.
Allergies	_____	_____	_____	_____
Asthma	_____	_____	_____	_____
Congenital Problem	_____	_____	_____	_____
Diabetes	_____	_____	_____	_____
Epilepsy	_____	_____	_____	_____
Heart Condition	_____	_____	_____	_____
Ankle Injury	_____	_____	_____	_____
Knee Injury	_____	_____	_____	_____
Head/Neck Injury	_____	_____	_____	_____
Shoulder Injury	_____	_____	_____	_____
Elbow Injury	_____	_____	_____	_____
Wrist Injury	_____	_____	_____	_____
Hand Injury	_____	_____	_____	_____
Finger Injury	_____	_____	_____	_____
Other Injuries	_____	_____	_____	_____

1) Height _____ Weight _____

2) Is there any psychosocial or physical condition for which the participant is currently under professional care? **Y N**

3) Is the participant currently taking any medication? **Y N**

If so, please name the drug/s, dosage and frequency needed: _____

4) List any know allergies: _____

5) Please elaborate on any medical condition that we should be aware of: _____

6) Please list any injuries the participant has suffered in the last two months: _____

7) Please state any special instructions to follow in case of an emergency: _____

8) Comments: _____

