



**VICTORY VOLLEYBALL CLUB
 PLAYER MEDICAL INFORMATION AND RELEASE FORM
 FOR PLAYERS UNDER 18 YEARS OF AGE**

Player Name _____ Date of Birth _____

Address _____ City _____ Zip _____

Home Phone (Parent) _____ Cell Phone (Parent) _____

Email (Parent) _____ Email (Player) _____

Health Insurance Carrier _____ Policy # _____

Phone Number of Health Insurance Carrier _____

Please list any past injuries and/or any chronic medical conditions: _____

Please list any medications player is presently taking: _____

Please list any known allergies: _____

The player named above has my permission to participate in training, competition, programs, and events sponsored by or affiliated with VICTORY Volleyball Club, Inc. I have no knowledge of any medical condition or physical impairment that would affect this player's ability to participate safely in such activities. I fully realize that serious injury or death could result from participation in any such activities. VICTORY staff members and/or the nearest medical facility are hereby authorized to render primary medical care to the player named above in the case of injury or illness, if I am not present. I agree to assume full responsibility for any medical bills or expenses incurred for rendering such care.

Parent Signature _____ Date _____

RELEASE AND WAIVER OF LIABILITY

To the fullest extent allowable by law, I hereby agree to RELEASE, WAIVE, and DISCHARGE Victory Volleyball Club, Inc., and their officers, servants, agents, or employees (herein referred to as RELEASEES) from any liability, claims, demands, actions, or causes of action arising out of or relating to any injury, loss, or damage related to or sustained during the above-named player's participation in any training, competition, event, or program sponsored by or affiliated with Victory Volleyball Club, Inc., or while upon the premises where any such activity is being conducted or in transportation to and from such activity, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES or otherwise. I further agree to INDEMNIFY AND HOLD HARMLESS the Releasees from any loss, liability, damage or costs, including court costs and attorney's fees, that may be incurred as a result of the above-named player's participation in any activity as described above.

As the parent and natural guardian or legal guardian of the minor player named above, I represent that I have legal capacity and authority to act for and on behalf of said minor player, and I agree to INDEMNIFY AND HOLD HARMLESS the Releasees for any claims or liabilities assessed against them as a result of any insufficiency of my legal capacity or authority to act for or on behalf of said minor player in the execution of this Release and Waiver of Liability.

I am executing this Release and Waiver of Liability for full and adequate consideration and intend for this Release and Waiver of Liability to bind myself and the minor player named above, members of my family, my spouse, and my heirs, assigns, and personal representatives. I further intend that this Release and Waiver of Liability shall be construed in accordance with the laws of the State of Texas.

Parent Signature _____ Date _____