

# The Victors Volleyball Club

## Medical Emergency Release Form

As the Parent/Guardian of \_\_\_\_\_, I hereby give my permission for the coaching staff of the Victors Volleyball Club to act on my behalf in securing medical treatment for my child in the event of an emergency. **This Release Form shall be in effect during the 2020 program – February 2 through May 17.**

My insurance information and other important phone numbers are listed below.

Athlete's name (print): \_\_\_\_\_ Age: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medical Notes: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Employer: \_\_\_\_\_

Policyholder: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Group #: \_\_\_\_\_ Service Codes: \_\_\_\_\_

Contract #: \_\_\_\_\_ Plan: \_\_\_\_\_

### Emergency Phone Numbers:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian's Name  
(Printed): \_\_\_\_\_

Parent/Guardian's  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_