

TAMPA BAY RAPTORS

VOLLEYBALL TRAINING MEDICAL RELEASE FORM

Name of Camper _____ Male/Female (circle one)

Past Health _____

Past Injuries _____

Present Medication _____

Allergies _____

Insurance Company _____

Policy # _____ Policy Holder _____

MEDICAL RELEASE APPROVAL

I verify that my child is physically able to participate in the Tampa Bay Raptors Volleyball training. I hereby agree and promise that I will not hold Tampa Bay Raptors Volleyball nor its employees responsible for any loss, damages, or personal injury received as a result of participation. I hereby authorize the directors of the Tampa Bay Raptors Volleyball to act for my child according to their best judgment in an emergency requiring medical attention. I agree to allow my child to be treated by a first aid provider or licensed physician (if necessary) and to assume costs related to such treatment.

Parent or Guardian Signature _____

Print Name _____ Date _____

Street Address _____

Zip _____ City _____ State _____

Home () _____ Cell () _____