ONE Volleyball Club

Medical Release and Waiver of Liability Form

Player's Name: _____

Date of Birth: _____

Parent/Guardian Name: _____

Phone Number: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Medical Information

Please list any medical conditions, allergies, or medications your child is currently taking:

_____

_____

Primary Physician: _____

Phone Number: _____

Insurance Provider: _____

Policy Number: _____

Consent for Medical Treatment

I, the undersigned parent or legal guardian of the above-named participant, do hereby authorize any adult acting on behalf of ONE Volleyball Club to consent to any necessary medical treatment for the player in case of illness or injury during practices, games, tournaments, or club-related activities when I am not present. I understand that reasonable efforts will be made to contact me prior to treatment.

Waiver of Liability

I acknowledge that participation in volleyball activities involves inherent risks, including but not limited to injury. I hereby release and hold harmless ONE Volleyball Club, its staff, coaches, volunteers, and representatives from any and all liability for any injury, loss, or damage to person or property incurred while participating in club activities.

Parent/Guardian Signature: _____ Date: _____

Player Signature (if over 13): _____ Date: _____