Greensboro Panthers Volleyball 2026 Medical Release

Age as of August 1, 2026_____

Player's Name_____ Grade Fall 2026_____ DOB_____

Homeschool Name _____ School ID _____

Parents_____

Cell Mom_____ Cell Dad_____ Home_____

Email Address(es)_____

Street Address_____ County _____

City, State, Zip Code_____

Emergency Contact (other than parents)_____

Cell Phone_____Home/Work phone_____Relation_____

Date of last tetanus booster_____Medications taken regularly_____

Medical Conditions to be aware of/Physical Restrictions_____

_____

Medical Insurance Company_____Policy #_____

I, the undersigned parent, hereby consent to my child participating in Greensboro Panthers Volleyball.

I certify that my child is able to participate in any and all of these activities. If my child has medical conditions, which may be relevant to a physician in the event of an emergency, I have listed them above. If I cannot be reached within a reasonable period of time, as determined by a physician or sponsoring parent, I hereby authorize the team staff to make emergency medical decisions for my child.

I understand that my child should not participate and I will inform the coach immediately if they have a contagious condition, including but not limited to, a fever, skin infection, the flu, strep throat, covid, etc.

We/I assume all risks and hazards incidental to the conduct of the program and its activities, including transportation to and from the activities. We/I do hereby release, absolve, indemnify and hold harmless, Greensboro Panthers Volleyball and/or the sponsoring facility, its officers, directors, employees, agents, any coaches, referees, or supervisors appointed or approved by them and the owners or lessees of any activity site from any and all liability, claims, or demands arising out of the above named child's participation in the Greensboro Panthers Volleyball program. We/I likewise release from all responsibility any person transporting the above named child to or from the activities.

_____ _____

Father's Printed Name | Father's Signature | Date

_____ _____

Mother's Printed Name | Mother's Signature | Date