## Greensboro Panthers Volleyball 2018 Medical Release

		Age as of August 1, 2018
Player's Name		Birth Date
Parents		
Cell MomCel	I Dad	Home
Email Address(es)		
Street Address		
City, State, Zip Code		
Emergency Contact (other than parents)		
Cell PhoneHome/W	/ork Phone	Relation
Date of last tetanus boosterMedications taken regularly		
Medical Conditions to be aware of/Physical Restrictions		
Medical Insurance Company	Pc	Dlicy #

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 actives. 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.

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