

Greensboro Panthers Volleyball 2025 Medical Release

Age as of August 1, 2025 _____

Player's Name _____ Grade Fall 2025 _____ 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