

S.V.H.E. Volleyball

Volleyball Player's Name: _____

Birthdate _____ Grade in School _____ Height _____

Allergies or other medical problems to be aware of:

Parents' Names: _____

Phone numbers: Home: _____ Work: _____

Cell: _____

Email address (parent's): _____

Authorization:

I, the undersigned parent or guardian of _____
(name of your child) a minor, do hereby authorize any coach of the
S.V.H.E. volleyball sports program or his or her designee to select
hospital facilities and/or physician of his choice and authorize
treatment of the above named volleyball player on an emergency
basis in the event such treatment becomes necessary as a result of
the participation in the S.V.H.E volleyball sports program including
transportation to and from games. I hereby grant permission for him
or her to participate in the S.V.H.E volleyball sports program, and
acknowledge the fact that he or she is physically able to participate in
sports activities. I will be responsible for all medical bills incurred as a
result of illness or accidents for which medical treatment is necessary
while the above named minor is participating in sports activities,
except those bills covered by insurance.

Parent signature: _____ Date: _____

Areas in which I, as a parent, would like to volunteer to help the team
effort: (Help needed with scorebook, line judging, fundraiser, etc.):

Volleyball fee: \$30