

CT Juniors Medical Form (Sep 2019-Aug 2020)

This **must be** completed - legibly - and signed in all areas by both the player and his or her parent or guardian. *By signing this form the participant affirms having read it.* **A copy of this form must be carried with the coach for all training and competitions.**

Name _____
Last First Birthdate Age Gender

Primary Contact: Parent or Guardian:

Name _____ Address _____ Zip _____
Home Phone _____ Work phone _____ Alternate Phone _____

Emergency Contact: Parent, Guardian or Other

Name _____ Address _____ Zip _____
Home Phone _____ Work Phone _____ Alternate Phone _____

Primary Insurance Co. _____ Primary Group/Policy # _____

Family Physician Name _____ Physician Phone _____
Does policy cover sport related accidents? Yes No

Please elaborate on **ANY MEDICAL CONDITIONS** of which we should be aware:

DATE OF LAST PHYSICAL:

Any **MEDICATIONS** currently being taken:

Any **ALLERGIES**:

If **NONE**, please write **NONE**:

Participant, _____, has my permission to participate in training, competition, events, and activities sponsored by Connecticut Juniors Volleyball. I approve of the leaders who will be in charge of this program. I recognize that the leaders are serving to the best of their ability. I certify that the participant has full medical insurance with the company listed above. I also certify to the best of my knowledge that the participant named hereon is physically fit to engage in the activities described above.

Signed _____ Date: _____

Relationship: _____

To the Club Leaders:

If, during the course of my son/daughter's activities in volleyball, he/she should become ill or sustain an injury, I hereby authorize you to obtain emergency medical/dental care.

I will assume financial responsibility for the bills incurred through my insurance company.

Signed: _____ Date: _____
Parent or Guardian

I do **NOT** authorize emergency medical/dental care for my son/daughter.

Signed: _____ Date: _____