

Montana Juniors Medical Consent Form

3700 Old Hardin Road
Billings, Montana 59101
(406) 696.4139

PARENT CONSENT AND WAIVER OF RESPONSIBILITY

PLEASE RETURN BY MAIL OR BRING WITH YOU

It is agreed that all risks attendant to watching and/or participating in volleyball lessons, including, but not limited to bodily injury, are assumed by the participant and her parents and/or legal guardian and that this assumption is acknowledged, approved, and agreed to by said participant and her parents and/or legal guardian as indicated by their signature hereto. It is agreed that parents and/or legal guardian agree to be financially responsible for any costs involved after the parent's/legal guardian insurance has paid.

In consideration of the Montana Juniors Volleyball acceptance of _____
Player's Name
as a participant for lessons for the period of: _____

I hereby certify the named player is physically able to participate in the Montana Juniors lessons and I know of no physical impairments which would in any manner limit her participation in such a program.

I hereby grant permission for physicians, dentist, other licensed health care providers and their designees to administer outpatient medical, surgical, or dental services as appropriate, or necessary antigens or other injections, to perform emergency procedures as necessary or refer to duly licensed medical personnel when indicated.

Parent or Legal Guardian Signature

Date

MEDICAL INFORMATION

Medical Insurance Company: _____ Policy # _____

Address: _____

Phone: _____

Medical History (if pertinent): _____

Allergies, present medications, special considerations: _____

Parent/Guardian: _____

Address: _____

City: _____ State: _____ Zip: _____

EMERGENCY CONTACT NUMBER

Name: _____ Relationship to athlete _____

Home Phone #: _____ Work #: _____ Cell #: _____