



RUSSIA VOLLEYBALL

2021 Fall Youth League

4th- 5th- 6th Grades

EMERGENCY MEDICAL FORM AND RELEASE OF LIABILITY

Athlete's Name: _____

Parents' or Guardians' Names: _____

Emergency Contact and Phone #: _____

Insurance Company: _____

Policy #: _____ Preferred Hospital: _____

Family Doctor: _____ Phone #: _____

Injuries/Conditions affecting participation: _____

Current medications and allergies (if any): _____

The undersigned, being the natural or adoptive parents, or legal custodians of _____, do hereby assume any and all risks involved in or arising from, the above-named child's participation in the Russia Youth Volleyball 2021 Fall League, including, without limitation, the risks of death or bodily injury as a result of participation in the league. The undersigned further do hereby release all schools and all their employees participating in the Russia 2021 Fall Youth Volleyball League, all staff working with the Russia 2021 Fall Youth Volleyball League including directors, coaches, players, referees, and all of its successors, assigns, subsidiaries, affiliates, officers, directors or employees, and agree not to sue them on account of, or in connection with, any claims, causes of action, injuries, damages, costs or expenses arising out of the above-named child's participation in the Russia 2021 Fall Youth Volleyball League. I hereby authorize the coaching staff to act for me according to his/her best judgement in any emergency requiring attention.

We have read and understand the above agreement and further understand that by making this agreement we surrender valuable rights on behalf of ourselves and our child. We do so freely and voluntarily.

Parents/Guardian's Signature: _____ Date: _____