



**EAST COAST ELITE VOLLEYBALL CLUB
RELEASE AND WAIVER OF LIABILITY
MEDICAL HISTORY FORM**

2021 ECE Volleyball Club

Participant's Full Name (First, Last): _____

Birth Date: __/__/____ (mm/dd/yyyy) **Grade:** __ (as of 9/1/2021)

Does the participant have any allergies? ____No ____Yes **List:** _____

Is the participant currently on any medications? ____No ____Yes **List:** _____

*If you have a Yes answer to any of above,
you must include a physician's permission in writing to participate ECEVBC's activities.*

IN CASE OF EMERGENCY

Participant's Father's Name: _____

Father's Cellphone: (____) ____ - ____ **Email:** _____

Mother's Name: _____

Mother's Cellphone: (____) ____ - ____ **Email:** _____

Other Emergency Contact Name: _____

Cellphone: (____) ____ - ____

Medical Insurance Company Name _____ **Policy No.** _____

Group No. _____

Any instructions regarding the above listed medical insurance:

I/We, the undersigned, hereby verify that I/we am/are the parent/legal guardian of the participant. I hereby give permission for the staff of the clinic to seek, during the period of clinic, appropriate medical attention for the participant and for medical attention to be given and for the participant to receive medical attention in the event of an accident, injury or illness. I will be responsible for any and all costs of medical attention and treatment.

I/We, the undersigned, for ourselves and/or as guardians of (Print Participant's Name Here) _____ understand that volleyball is an active, physical sport and that injuries can take place during play. I/We also understand that there will be a number of children attending clinic, there will be a limited number of coaches and/or counselors, and my/our child cannot receive individualized attention and supervision all of the time. I/We understand that, as with any sport, injuries can occur, and we hereby acknowledge that my/our child is physically fit and mentally capable of participating in these clinic activities. I/We also understand that it is my/our responsibility in caring for the participant listed above, to be assured that he/she is fully capable of engaging in this sport's activity, and I/we are confident that he/she is able to engage in such sport.

I hereby certify that I am eighteen (18) years of age or older, suffering under no legal disabilities, that I have read the foregoing document carefully and hereby sign this agreement voluntarily and for my own free will.

Parent/Guardian Signature _____

Date: __/__/____ (mm/dd/yyyy)

Print Parent/Guardian Name _____