

## Medical History and Release Form

This form **must be completed** - clearly - and signed in all areas by both the player and his/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.**

### Participant Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

### Parent/Guardian Information

Full Name: \_\_\_\_\_ Full Name: \_\_\_\_\_

Full Address: \_\_\_\_\_ Full Address(leave blank if same): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### Physician/Insurance Information

Physician Name: \_\_\_\_\_ Physician Phone: \_\_\_\_\_

Primary Insurance Carrier: \_\_\_\_\_

Group/Policy #: \_\_\_\_\_ Does policy cover sports-related accidents? **Y** **N**

### Emergency Contact Information

Full Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

Participant, \_\_\_\_\_, has my permission to participate in training, competition, events and travel sponsored by Starlings Volleyball Clubs, USA. I approve of the leaders who will be in charge of this program and recognize that they 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 heron is physically fit to engage in the activities described above.

Signed: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date: \_\_\_\_\_

### 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 DO authorize the CLUB LEADER to obtain emergency medical or dental care.

\_\_\_\_\_ I DO NOT authorize the CLUB LEADER to obtain emergency medical or dental care.

Signed: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date: \_\_\_\_\_

**Immunizations (please state month and year)**

Tetanus: \_\_\_\_\_ Polio: \_\_\_\_\_ Measles (rubella): \_\_\_\_\_

| <b>Health History</b> | <b>Yes</b> | <b>No</b> | <b>Date</b> | <b>Please Explain, especially on those that may be aggravated.</b> |
|-----------------------|------------|-----------|-------------|--|
| Allergies             | _____      | _____     | _____       | _____  |
| Asthma                | _____      | _____     | _____       | _____  |
| Congenital Problem    | _____      | _____     | _____       | _____  |
| Diabetes              | _____      | _____     | _____       | _____  |
| Epilepsy              | _____      | _____     | _____       | _____  |
| Heart Condition       | _____      | _____     | _____       | _____  |
| Ankle Injury          | _____      | _____     | _____       | _____  |
| Knee Injury           | _____      | _____     | _____       | _____  |
| Head/Neck Injury      | _____      | _____     | _____       | _____  |
| Shoulder Injury       | _____      | _____     | _____       | _____  |
| Elbow Injury          | _____      | _____     | _____       | _____  |
| Wrist Injury          | _____      | _____     | _____       | _____  |
| Hand Injury           | _____      | _____     | _____       | _____  |
| Finger Injury         | _____      | _____     | _____       | _____  |
| Other Injuries        | _____      | _____     | _____       | _____  |

1) Height \_\_\_\_\_ Weight \_\_\_\_\_

2) Is there any psychosocial or physical condition for which the participant is currently under professional care? **Y N**

3) Is the participant currently taking any medication? **Y N**

If so, please name the drug/s, dosage and frequency needed: \_\_\_\_\_  
\_\_\_\_\_

4) List any know allergies: \_\_\_\_\_

5) Please elaborate on any medical condition that we should be aware of: \_\_\_\_\_  
\_\_\_\_\_

6) Please list any injuries the participant has suffered in the last two months: \_\_\_\_\_  
\_\_\_\_\_

7) Please state any special instructions to follow in case of an emergency: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8) Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_