



AMERICAN ATHLETE
(Parent Company of USA Michigan Volleyball)



INSURANCE INFORMATION
MEDICAL RELEASE AND WAIVER OF LIABILITY

Participant's Name _____ Birth Date _____ Age _____

Legal Guardian/Parent _____

Home Phone () _____ Cell Phone () _____

If legal guardian/parent is unavailable in case of an emergency,

please contact: _____ Phone () _____

INSURANCE INFORMATION

Policy Holder _____

Policy # _____

Insurance Company _____

Group # _____

City _____ State _____ Zip _____

MEDICAL RELEASE/PERMISSION TO PARTICIPATE/LIABILITY WAIVER

The above named participant has my permission to participate in the **AMERICAN ATHLETE/MIZUNO USA MICHIGAN VOLLEYBALL Instructional Program**. My child is in good health and able to participate in all normal volleyball activities. I have listed below any **MEDICAL CONDITIONS** that may be of concern in case of an emergency:

I understand that all reasonable measures will be taken to safeguard the health and safety of my child. If I or the emergency contact listed above cannot be reached in an emergency, I hereby consent to the rendering of emergency first aid and other medical procedures which at the time of injury or illness seem reasonably advisable. I further understand that I will be responsible for payment of any such medical procedures.

In consideration of my child's participation in this program, I do hereby release and forever discharge American Athlete and USA Michigan Volleyball, its officers, coaches, and assigns, of and from any and all claims and demands of every kind, which my child may have or may hereafter acquire, for any and all damages, losses, or injuries which may be suffered or sustained by his/her connection with their activities and all such claims are hereby waived and released, and I covenant not to sue therefore.

(Signature of Parent/Guardian) _____ (Date)