

2022 Central Jersey (IMPACT) Volleyball Club Middle School League

PARENT/GUARDIAN CONSENT AND AGREEMENT

I acknowledge that as a member of the Central Jersey Volleyball Club Junior League, my daughter will participate in activities that involve physical activity, including physical contact with other persons and for objects such as the ground, sport equipment, facilities, etc. that may incur injury. I specifically waive and release the Central Jersey Volleyball Club, administrators and volunteers of the Central Jersey Volleyball Club from liability from any claim(s) for damages for injuries/illnesses which my daughter may sustain during her involvement in the athletic program.

In signing this form, I certify that my child is in good health, with no chronic illness or injury. If such conditions exist, I will notify the Central Jersey Volleyball Club of such conditions prior to my child's participation. In the event of any emergency in which my daughter requires medical treatment, I authorize the staff of the Central Jersey Volleyball Club Junior League to act on my behalf to obtain proper medical treatment, the staff member, in their best judgment, deems necessary and appropriate for my daughter. This will include, but not be limited to whatever necessary medical, surgical and dental examination, diagnosis and/or treatment that is deemed necessary by the treating physician.

In signing this form, my family, and I agree to follow all rules and regulations of the Central Jersey Volleyball Club Junior League.

Athlete's Name: (print) _____

Home Street Address: _____

City: _____ State: _____ Zip _____

School : _____ Grade: (as of 9/22) _____

Parent/Guardian Name: (print) _____

Emergency Phone Numbers: HOME () _____

WORK:() _____

Email Address _____

Parent/Guardian Signature: _____

Today's Date _____

(Complete BOTH Sides)

TEAM _____

PERMISSION/RELEASE FORM

Player's Name _____ Date of Birth _____ Age ____
Address _____ City _____ State _____
School _____ Grade _____

EMERGENCY CONTACT PERSON(S):

Name _____ Phone _____
Address _____ City _____
Name _____ Phone _____
Address _____ City _____

I give permission for my child to practice and play for the Central Jersey Volleyball Club Junior League during the 2022 season. I hereby waive and release any and all rights and claims for damages which I may have against any coach or agent of the Central Jersey Volleyball Club Junior League for any and all injuries which my child may incur while taking part in your program. This release also encompasses any injuries which may be sustained while traveling to and from participation in your program. As a parent, I understand it is my responsibility to pick my child at the predetermined time and location- I also understand that if my child becomes ill or destructive, the above EMERGENCY CONTACT PERSON(S): will be called to take my child home if I cannot be contacted immediately.

Parent/Guardian Signature: _____ Parent/Guardian

Signature: _____

Date: _____ Telephone () _____

HEALTH HISTORY:

Does your son/daughter have any medical problems or allergies that we should be informed about?

YES ___ NO ___

If yes, please explain? _____

Is your son/daughter on any medications? YES ___ NO ___ If yes, please describe the type of medication, dosage, frequency of use and who is authorized in the administration

PARENTS AUTHORIZATION: This Health History is correct so far as I know. I understand that this information will be kept strictly confidential and will be used in cases of injury or sickness and will be presented to medical personnel who might have to attend to my child in an emergency.

PARENTS

SIGNATURE: _____ DATE: _____

(Complete BOTH Sides)