



**Star of the North Volleyball
MEDICAL RELEASE and WAIVER FORM**
READ BEFORE SIGNING

Permission to Treat & Emergency Information Form must either be carried to the Star of the North Volleyball Event. The form **MUST** be completed legibly and signed in all areas by both the player and his/her parent or guardian.

BY SIGNING THIS FORM THE PARTICIPANT AND GUARDIAN AFFIRMS HAVING READ IT.

Organization/Club/Team: _____

Participant Name: _____

E-mail: _____ Phone: _____

Address: _____

City: _____ St. _____ Zip: _____

Participant as named above has my permission to participate in training, competition, events, activities and travel in the Star of the North Games. I approve the leaders who will be in charge of this program. I recognize that the leaders are serving to the best of their ability. I certify that the participant has full medical insurance. I also certify to the best of my knowledge that the participant named hereon is physically fit to engage in the activities described herein.

Signed: _____

Relationship: _____ Date: _____

AS CUSTODIAL PARENT OR COURT-APPOINTED GUARDIAN OF THE PARTICIPANT NAMED ABOVE, I DO FOR BOTH OF CHILD'S PARENTS, FOR CHILD AND CHILD'S HEIRS AND SUCCESSORS, RELEASE JVA, CORP. AND ANY OF ITS AGENTS OR REPRESENTATIVES (ALL OF THE FOREGOING COLLECTIVELY "JVA.") FROM ALL CLAIMS ARISING OUT OF OR CONNECTION WITH CHILD'S PARTICIPATION IN ANY JVA INSURED CLUB, PROGRAM OR TOURNAMENT. I PROVIDE THIS RELEASE BECAUSE I AM MINDFUL THAT ATHLETICS, PHYSICAL TRAINING AND COMPETITION CAN BE A DANGEROUS UNDERTAKING REGARDLESS OF HOW CAREFUL OR PRUDENT ANY PERSON, FIRM OR FACILITY MIGHT BE.

Further, I give permission to the Star of the North Games to treat participant or arrange for medical care or treatment for child in any situation deemed reasonably necessary. If circumstances permit, the Star of the North shall attempt to communicate first via telephone with the following emergency contacts for child.

Primary Emergency Contact:

Name/Relationship: _____ Phone: _____

Secondary Emergency Contact:

Name/Relationship: _____ Phone: _____

In the event neither emergency contact can be reached; or if the urgency of the situation requires immediate attention without prior telephone contact, the Star of the North may arrange for medical treatment for the participant at the expense of the parent or guardian signing this form. Health Insurance, PPO information for child is as follows:

Insurance Company: _____

Policy Number: _____

Address: _____ Phone: _____

City: _____ St: _____ Zip: _____

In order to seek appropriate medical care or treatment of Child, please disclose the following:

Allergies: _____ (please specify, enter "none")

Heart disease or other: _____ (please specify, enter "none")

Any other conditions, symptoms or disability, which would or might affect medical care or treatment or participation in the Star of the North Games: _____

Signature of Custodial parent or court apt. Guardian _____

Date: _____ Best Email Contact: _____