

Release Permission to Treat and Emergency Information

As custodial parent or court-appointed guardian of _____ ("Child"), I do for both of Child's parents and for Child, release Dallas Skyline Juniors Volleyball Association (DSJVA) and any of its representatives and coaching staff from all claims arising out of or connected with Child's participation in any DSJVA program. 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 DSJVA to treat Child or arrange for medical care or treatment for Child in any situation deemed reasonably necessary by DSJVA or staff. If circumstances permit, DSJVA shall attempt to communicate first via telephone with the following emergency contacts for Child:

Primary Emergency Contact:

(Name and relationship)

(Telephone number(s))

Secondary Emergency Contact:

(Name and relationship)

(Telephone number(s))

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

Insurance Company: _____

Policy # _____

Address: _____ City _____ State _____ Zip _____

Telephone: _____

In order to seek appropriate medical care of treatment of child please disclose the following:

Allergies: _____

(Please specify, enter "None" or leave blank)

Heart Disease or other: _____

(Please specify, enter "None" or leave blank)

Any other conditions, symptoms, or disability which would or might affect medical care or treatment or participation in the DSJVA camps: _____

(Please specify, enter "None" or leave blank)

Date: _____ Witness: _____

(Custodial parent or court appointed guardian)

Registration

Name: _____ E-Mail: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Please send this form to Dallas Skyline Juniors via...

Mail: 229 Green Acres Dr.
Murphy, TX 75094

Fax: (972) 414-1718

Hand Deliver: First Day of Camp