



# Kewaunee Area Junior Volleyball Club

## Release of Liability and Emergency Treatment Authorization

Player Name \_\_\_\_\_ Age \_\_\_\_\_

Previous injuries, medical conditions, concussions, or life threatening allergies that might affect participant:

\_\_\_\_\_

**I hereby acknowledge the health of my child to be ready for playing volleyball.**

**In the event of an emergency, I authorize KAJVC to ensure any emergency medical services deemed necessary.**

**I hereby release the Kewaunee Area Junior Volleyball Club and all workers, volunteers and employees of all liability for any injuries sustained during the activities. This waiver is made to the maximum extent permissible under applicable law. I acknowledge that I have signed this document of my own free will.**

Parent / Guardian Printed Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Best contact number(s) during the activities \_\_\_\_\_

Alternate emergency Contact Name \_\_\_\_\_

Contact Number \_\_\_\_\_ Relationship \_\_\_\_\_