

Joel Dearing Pre Season

Simsbury High School

Participant Information and Release Form

Each participant in volleyball may choose the level of their participation, realizing that although safety is a high priority, there is a risk of physical or emotional injury that they must assume. Participants must be covered by health and accident insurance during the time of participation. In addition, certain health/medical information must be made known to the advisor(s) conducting the games, so that they are prepared to respond appropriately if the need arises. If you are uncomfortable providing this information, you must understand that **the failure to provide the requested information may affect your ability to safely participate in this program**. Further, in the event an emergency arises, **any failure to provide information may also affect the ability to provide proper emergency care**. Participant's Name: _____ GRADE: _____

Address: _____ City: _____ Zip: _____ Home
Phone: () _____

Do you have any health problem or disability that may affect your ability to participate in Volleyball? If yes, please explain:

Please provide the following information in case of an emergency: Person to Notify:

Phone (day):

Phone (evening):

List allergies, if any:

Medications(s) currently taking:

Diabetic: _____ Epileptic: _____ Date of Birth: _____

Physician: _____ Phone: _____

_____ Health/Medical Insurance Carrier:

_____ Policy #:

_____ Hospital Preference: _____

If you are a student: Mother's Name: _____ Home Phone: _____

Cell: _____ Father's Name: _____ Home Phone: _____

Cell: _____

This information is confidential and will not be released without your permission to anyone other than Simsbury High School Staff, or to appropriate medical personnel in response to an apparent medical emergency.

Simsbury High School Joel Dearing. Owner Dearing Leadership

ASSUMPTION OF RISK

I recognize that there is a significant element of risk involved in volleyball. I certify that the listed participant is fully capable of and willing to participate in the activities associated with volleyball. I assume full responsibility for the participant for bodily injury, death, loss of personal property and expense thereof, as a result of the participation in Simsbury High School's Volleyball camp. I further release Simsbury Public Schools and Dearing Leadership, LLC from any and all liability that may arise out of participation in volleyball.

I hereby give permission for the Simsbury High School Staff to administer basic first aid or seek appropriate medical assistance for the participant listed below.

I have read, understood, and accepted the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon me during the entire period of participation in Simsbury High School's volleyball.

Student /participant *printed* name: _____

Student Signature: _____ Date: _____

Parent/Guardian* Signature: _____ Date:

*Participants *under the age of 18* must have a *parent/guardian sign* above.