2009- 10 Southwest Juniors Volleyball Club

Player's Name: _____
first Last

Date Of Birth: _____ **Height:** _____ **Grade:** _____

School: _____

Position (s) played: _____ **Setter** _____ **outside Hitter** _____ **Middle Hitter** _____ **Libero** _____ **None**

Previous Club (if any): _____

Medical Conditions / Allergies: _____

Parents/Guardian Name: _____

Home Phone #: _____ **Work#:** _____

Mobile #: _____ **Mobile #:** _____

Address: _____

City: _____ **Zip Code:** _____

E-mail: _____
Please Print

E-mail: _____
Please Print

Emergency Contact: _____ **Phone #:** _____

I hereby authorize the staff of Southwest Juniors Volleyball Club to act for me, according to their best judgment, in any emergency requiring medical attention, and hereby waive and release Southwest Juniors and Lamar Consolidated ISD from any and all liability for any injury or illness incurred while at volleyball camp, clinic, tryouts or practice. I have no knowledge of any medical problem or physical impairment that would affect the above named player in safely taking part in any and all volleyball camp, clinic, tryouts or practice activities. I certify that the above named player is covered by a medical insurance policy in case of illness or injury.

Medical Insurance Company: _____ **Policy #:** _____

Signed (Parent or Guardian): _____ **Date:** _____