



Player Name: \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Uses Inhaler: **YES** **NO** Emergency Contact: \_\_\_\_\_ Phone#: \_\_\_\_\_

I, the undersigned, hereby certify that I am the parent or legal guardian of \_\_\_\_\_ (name of athlete). I hereby give permission for the staff to seek during the period of any volleyball program or activity, appropriate medical attention for my child, for the medical attention to be given to my child, and for my child to receive the medical attention in the event of accident, injury or illness. I will be responsible for any and all costs of medical attention and treatment.

In the event that I am incapacitated and cannot grant permission, I hereby authorize any licensed physician, emergency medical technician, hospital or other medical health care facility to treat or relieve any injuries received arising out of or relating to my participation herein. I authorize any such Medical Provider to perform all procedures deemed medically advisable in attempting to treat or relieve any such injuries. I consent to the administration of anesthesia as deemed advisable. I realize and appreciate that there is a possibility of complications and unforeseen consequences in any medical treatment, and I assume any such risk for that on behalf of myself.

I, the undersigned, understand that Volleyball is an active, physical sport and that injuries can often occur during participation. I also understand that there will be more athletes than staff, and that my child cannot receive individualized attention and individualized supervision at all times. I hereby acknowledge that my child is physically fit and mentally capable of participating in practices, games, and all camp activities.

I waive, release, and forever discharge Mile High Warriors VBA and the aforementioned staffs, officers, agents, employees, representatives, successors, and assigns from any and all liability claims, demands, actions, and cause of action whatsoever arising out of or related to any loss, personal injury, or property damage that may be sustained or occur during the participation in volleyball activities.

I give permission for Mile High Warriors to take photographs of my child while engaged in activities for the sole purpose of advertising and publicity.

My signature below indicates that I have provided true information and have read, understand and agree to all statements on this entire form and on any other form required by the Camp.

Printed Name of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Parent/Guardian E-mail: \_\_\_\_\_ Parent Phone Number: \_\_\_\_\_

MILE HIGH WARRIORS VOLLEYBALL ACADEMY Athlete Waiver/Release Form