

BORDERLINE JUNIOR OLYMPICS VOLLEYBALL EMERGENCY DATA SHEET

Last name: _____ First _____ M.I. _____

Age _____ Date of Birth: Mo: _____ Day: _____ Year: _____

School Attended: _____ School VB team : 8 Freshman JV Varsity

Parent's email _____

Parent's Name: _____ Home Phone: _____

Home Address: _____ City: _____

State: _____ Zip _____ Work Phone: _____

Primary Insurance Carrier (Name and Address) _____

Policy Number: _____

Family Physician: _____ Phone: _____

Allergies: _____ Last Tetanus: _____

Medical Problems: _____

Medication Being Used (include dosage/ frequency): _____

Present State of Health: _____

Alternate Emergency Contact: _____ Relationship: _____

Phone : _____

AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR

I, the undersigned parent or legal guardian of _____, a minor, do hereby consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment which is deemed advisable and is to be rendered under the general supervision of a physician or surgeon.

It is understood that this authorization is given in advance of any specific diagnosis of treatment being required.

Authorization is given to provide specific consent to any and all such diagnosis or treatment which the aforementioned physician or surgeon in the exercise of his/ her best judgement may deem advisable and neither the physician, surgeon, or any organization involved assumes any financial responsibility for acting under the authority granted by this consent.

Parent or Legal Guardian (signature) Date

In the event of any emergencies during the JUNIOR OLYMPICS VOLLEYBALL tournaments, the undersigned hereby grants authority to be exercised at the discretion of designated Borderline Junior Olympics Volleyball coaches to dispense over-the-counter medication.

Signature of Parent / Guardian

Date

Uniform Order Form

Circle one: (Adult sizes) Shirt Size: S M L XL

Spandex Shorts: S M L XL

Name:

Last _____ First _____ M.I. _____ Age _____

Date of Birth:

Mo: _____ Day: _____ Year: _____ Team Age: 12 13 14 15 16 17

For girls 13 and older; Uniform Number _____

Parent's Name: _____ Home Phone: _____

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

**Mail forms and deposit to:
Borderline Volleyball Club
PO Box 135
Temperance, MI 48182**