

**BORDERLINE JUNIOR OLYMPICS VOLLEYBALL**  
**2008 EMERGENCY DATA SHEET**

Last name \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_

Age as September 1, 2008 \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

**Bring completed form and the Non-Refundable \$25 Registration fee to Try-outs**