

KENTWOOD VOLLEYBALL

2003-2004 Medical & Liability Waiver

I hereby authorize and give my consent to the Kentwood Staff or any licensed physician to perform upon or administer to:

Name of Participant: _____

EMERGENCY CONTACT NAME: _____

EMERGENCY CONTACT NUMBER: _____

Additional contact or number: _____

Insurance Company: _____ Policy #: _____

Participating Team: _____ Coach: _____

By my signature below, I give my daughter _____ permission to participate in Kentwood Volleyball activities. This includes but is not limited to any evaluation, training event, team practices, team travel and tournament participation associated with Kentwood Volleyball. I also certify that I am the legal parent and/or guardian of my daughter. I understand that with any physical participation there are serious risks associated. I agree to waive, hold harmless, and release Kentwood Volleyball, Kent School District, all their individual facilities (schools), all coaches, all staff (including team reps) from all demands, claims, actions, and damages arising out of any incident occurring during participation.

Parent/Guardian Signature

Date

*****This form must be completed and turned in prior to any participation!***