

**Lindbergh Eagles Summer Volleyball Program
2004
Player Medical History & Release Form**

This must be completed – legibly – and signed in all areas by both the player and his or her parent or guardian. **By signing this form the participant affirms having read it.** A copy of this form must be submitted to the coaching staff in order to participate.

Name:

Last: _____ First: _____ M. I. _____

Birth date: _____ Age: _____ Social Sec. No.: _____

Parent or Guardian

In Emergency, contact:

Name: _____

Name: _____

Address: _____

Address: _____

_____ Zip: _____

_____ Zip: _____

Home Phone: _____

Home Phone: _____

Work Phone: _____

Work Phone: _____

Insurance Co.: _____

Group/Policy No.: _____

To whom it may concern:

Participant, _____, has my permission to participate in training, competition, events, activities, and travel conducted by the Lindbergh Eagles Coaching staff. I approve of the leaders who will be in charge of this program. I recognize that the leaders are serving to the best of their ability. I certify that the participant has full medical insurance with the company listed above. I also certify to the best of my knowledge that the participant named hereon is physically fit to engage in the activities described above.

(Parent/Guardian) _____ Date: _____

(Participant) _____ Date: _____

If during the course of my daughter's activities in volleyball should she become ill or sustain an injury, I **hereby authorize** you to obtain medical/dental care.

Signed: _____ Date: _____
Parent or Guardian

I **do not** authorize emergency medical/dental care for my daughter.

Signed: _____ Date: _____
Parent or Guardian

Please fill out the medical information on page 2 of this form.

Immunizations (please state month & year)

Participant's Name: _____

Tetanus: _____ Polio: _____ Measles (Rubella): _____

Are you a vegetarian? _____

Health History

	Yes	No	Date	Please elaborate (especially on those conditions that might be aggravated)
Allergies	_____	_____	_____	_____
Asthma	_____	_____	_____	_____
Congenital problem	_____	_____	_____	_____
Diabetes	_____	_____	_____	_____
Epilepsy	_____	_____	_____	_____
Heart	_____	_____	_____	_____
Ankle Injuries	_____	_____	_____	_____
Knee injuries	_____	_____	_____	_____
Back Injuries	_____	_____	_____	_____
Head/Neck Injuries	_____	_____	_____	_____
Shoulder Injuries	_____	_____	_____	_____
Elbow Injuries	_____	_____	_____	_____
Wrist Injuries	_____	_____	_____	_____
Hand Injuries	_____	_____	_____	_____
Finger Injuries	_____	_____	_____	_____
Other Injuries	_____	_____	_____	_____

1.) Height _____ Weight: _____

2.) Is there any Psycho-Social or Physical condition for which the participant is currently under Professional Care? No _____ Yes _____

3.) Is the participant currently taking any medication? NO _____ YES _____

If so, please name the drug(s), dosage and frequency needed: _____

4.) List any known drug allergies: _____

5.) Please elaborate on any medical conditions we should be aware of: _____

6.) Comments: _____

7.) Please list and explain any injuries the participant has received in the last two months: _____
