

ASICS MUNCIANA VOLLEYBALL CLUB- 2010

RELEASE — Permission to Treat & Emergency Information

AS CUSTODIAL PARENT OR COURT-APPOINTED GUARDIAN OF _____ (“CHILD”), I DO FOR BOTH OF CHILD’S PARENTS, FOR CHILD AND CHILD’S HEIRS AND SUCCESSOR, RELEASE ASICS MUNCIANA, AND ANY OF ITS AGENTS, EMPLOYEES OR REPRESENTATIVES (ALL OF THE FORGOING COLLECTIVELY “ASICS MUNCIANA” FROM ALL CLAIMS ARISING OUT OF OR CONNECTED WITH CHILD’S PARTICIPATION IN ANY ASICS MUNCIANA PROGRAM. I PROVIDE THIS RELEASE BECAUSE I AM MINDFUL THAT ATHLETICS, PHYSICAL TRAINING AND COMPETITION CAN BE A DANGEROUS UNDERTAKING REGARDLESS OF HOW CAREFUL OR PRUDENT ANY PERSON, FIRM, OR FACILITY MIGHT BE. Further, I give permission to Asics Munciana to treat Child or arrange for medical care or treatment for Child in any situation deemed reasonably necessary by Asics Munciana. If circumstances permit, Asics Munciana shall attempt to communicate first via telephone with the following emergency contacts for child:

Primary Emergency Contact:

Second Emergency Contact:

(Name and relationship) (telephone number)

(Name and relationship) (telephone number)

In the event neither emergency contact can be reached or if the urgency of the situation requires immediate attention without prior telephone contact, Asics Munciana may arrange for medical treatment for the Child at the expense of the parent or guardian signing this form. Health Insurance PPO information for Child is as follows:

Insurance Company: _____ Policy Number: _____

Address: _____ City: _____ St: _____ Zip: _____

Telephone: (____) _____

In order to seek appropriate medical care of treatment of Child, please disclose the following:

Allergies: _____ Heart Disease or other: _____
(Please specify, enter “None” or leave blank) *(Please specify, enter “None” or leave blank)*

Any other conditions, symptom or disability which would or might affect medical care or treatment or participation in the Asics

Munciana program: _____
(Please specify, enter “None” or leave blank)

Date: _____

Signature (Custodial parent or court appointed guardian)

Name: _____ E-mail: _____

Address: _____ City: _____ St: _____ Zip: _____

Phone: (____) _____ Fax: (____) _____ Fall of 2010 Grade Level _____