***HAPPY VOLLEY, LLC***

***EMERGENCY CONTACT/ MEDICAL INFORMATION FORM***

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| ***CAMPER INFORMATION*** |
| Name: | Date of Birth: | High School: | Grade |
| Home Address: |  |
| Home Phone: |  | Student Cell Phone: |  |
| Student Email:  |   |
| ***PARENT/ GUARDIAN INFORMATION*** |
|  | Mother | Father | Stepparent/ Guardian |
| Name: |  |  |  |
| HomeAddress: |  |  |  |
| Home Phone: |  |  |  |
| Work Phone: |  |  |  |
| Cell Phone: |  |  |  |
| Parent Email: |  |  |  |
| ***HEALTH INSURANCE INFORMATION*** |
| Health Insurance Company Name: |
| Health Insurance ID #: Group Number: |
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| ***EMERGENCY CONTACT INFORMATION*** |
| If Happy Volley personnel accompanying your child cannot reach either parent/guardian, please list two friends or relatives who would have the authority to advise us regarding your child: |
| 1. Name and Relationship to child: |
| Contact phone numbers: |
| 2. Name and Relationship to child: |
| Contact phone numbers: |

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| Please complete information on other sideBOTH SIDES MUST BE COMPLETED AND SIGNED***HAPPY VOLLEY, LLC/MEDICAL INFORMATION/ RELEASE FORM******Last Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***  |
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| Please circle or list any medical conditions pertinent to your child (provide details as necessary): |
| AllergiesFood/MedicationOther\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | DiabetesInsulin Dependent Pump  |  Cardiac ConcernsEpilepsy FaintingOther\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| AsthmaInhaler? | Other: |  |
| Please describe and date any injuries and/or operations: |
| Complete if Applicable: The activities in which my child may participate are limited as follows: (Please state nature of limitation and reasons) |
| Please read the following and sign below: |

RELEASE FORM

My child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is participating in the 2022-2023 Happy Volley, LLC tryouts held at C3 Sports in State College, Pennsylvania. My child’s physical condition in no way should limit or hinder participation in all Happy Volley, LLC activities, other than as noted above. If my child’s physical condition should change after the time of this statement, I will notify the club director. I, the undersigned, individually and as parent(s) and guardian(s) of my child agree to release, discharge, and hold harmless Happy Volley, LLC and Chris Rose, its officers, agents, and employees of and from all causes, liabilities, damages, claims or demands whatsoever on account of any injury or accident involving my child arising out of my child’s travel to or from, participation in or attendance at any Happy Volley, LLC activity. During the time that my child is at C3 Sports or at any activity associated with Happy Volley, LLC I agree, individually and as parent(s) and guardian(s) of our child, to give you full permission and authority to take such steps as are reasonably necessary, in your own judgment, to protect and assist my child, and I/we release you from all responsibility for such actions. I hereby authorize the physician(s) and staff at the Mount Nittany Medical Center or at any other medical facility to provide such hospital care that includes routine diagnostic procedures and medical treatment as necessary to my child. I understand that the consent and authorization herein granted do not include major surgical procedures and are valid only during the 2022-2023 Happy Volley, LLC volleyball club tryouts. I agree that I will pay any hospital expenses, doctors’ bills, or any other expenses that may be incurred as a result of treatment given my child for illness or injury while attending Happy Volley, LLC activities. I make this statement and commitment as consideration for your allowing my child to be enrolled in your volleyball club tryouts and to take part in all activities.

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| **Mother’s/guardian’s signature OR**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_ | **Father’s/guardian’s signature**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_ |