



# Westside Volleyball Club



East/West Optimist

## Permission to Play, Waiver, and Medical Consent for a Minor under the age of 18

We, the parents of \_\_\_\_\_, give permission for her/him to participate in WESTSIDE VOLLEYBALL CLUB activities. We, intending to be legally bound; do hereby waive, release and forever discharge all rights and claims for damages, which we may have, or which may hereafter accrue to us against WESTSIDE VOLLEYBALL CLUB, and all officials concerned or their respective officers, agents, representatives, successors and/or arising out of traveling to, participating in, and returning from said WESTSIDE VOLLEYBALL CLUB activities.

We understand and accept the risks inherent in athletic activities, and understand that medical insurance is our own responsibility.

I/We as agent(s) for the undersigned, consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician or surgeon licensed under the provisions of the Medical Practice Act on the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

Child's Name:		DOB:
Parent's Name	Home Phone:	Cell Phone:
Emergency Contact	Home Phone:	Cell Phone:
Medical Insurance:	Policy #:	

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date