



2024-2025 Spark Volleyball Club Medical Waiver Form

Please print clearly

Player's Name: _____ Date of Birth: _____

Parent/Guardian Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Work phone: _____ Cell phone: _____

Email: _____

Please indicate another person to call if an accident occurs and we are unable to reach you:

Name: _____ Phone No.: _____

Primary Care Giver's Insurance Information Company: _____

Policy No: _____ Insurance Company Contact #: _____

Please note any medicines or medical information we should be aware of:

Waiver: I understand the risks involved in participating in physical activities and recognize the potential health risks due to COVID-19 (novel coronavirus). By allowing my child to participate in Spark Volleyball Club (SVC) activities including but not limited to volleyball clinics, practices, scrimmages, camps and personal training, I accept that my child may be injured and the risk of contracting COVID-19 could increase. I knowingly, voluntarily and willingly assume these risks. By signing this waiver, I am consenting to my child participating in SVC activities; I am confirming that my child is healthy and in good physical condition; that my child has not been diagnosed with COVID-19; that my child is not experiencing any symptoms related to COVID-19; that I have no knowledge of any physical condition or impairment that would limit my child's involvement or prevent participation in SVC activities.

I hereby authorize any member of SVC staff to secure any and all medical treatment in the event of an emergency and I cannot be contacted. I further authorize any attending physician to render any and all medical care which he/she may deem necessary. I hereby waive, release, absolve, covenant not to sue, discharge and hold harmless SVC, its staff, coaches, employees, agents, representatives, Vinewood Community Church, any facility used by SVC, and all facility owners and members from any and all liabilities, claims, actions, damages, costs or expenses of any kind arising out of my child's participation in SVC functions and activities. By signing below, I give my permission for the above-named player to participate in any and all activities and hereby agree to the contents of this waiver.

Signature (Parent or Guardian)

Date