

Black Hawks Volleyball Club

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I hereby give my permission for _____
to participate in Black Hawks Volleyball during the 2010-2011 USAV NTR
Club Volleyball season. Further, I authorize any Black Hawks Staff
member, Coach / Assistant Coach to obtain emergency treatment of an
injury to or illness of my child if qualified medical personnel consider
treatment necessary and for them to perform such treatment. This
authorization is granted only if I cannot be reached and a reasonable effort
has been made to do so.

Parent or Guardian , Printed Name _____

Date _____

Address _____

Contact Numbers _____

Family Physician Name _____

Physician Contact Numbers _____

Preferred Hospital _____

Preferred Hospital Number _____

Insurance Provider / Policy Number _____

Emergency Contact Person _____

Emergency Contact Relationship _____

Emergency Contact Number _____

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My child and I are aware that participating in volleyball is a potentially hazardous activity. I assume all risks associated with participation in this sport, including but not limited to falls, contact with other participants, the effects of weather, traffic and other reasonable risk conditions associated with the sport. All such risks to my child are known and understood by me and I agree to hold the coaches and Black Hawks Volleyball Club harmless in case of injury to my child.

I understand this informed consent form and agree to its conditions on behalf of my child.

Parent's Printed Name _____

Parent's Signature _____

Date _____