

NKYVC INSURANCE/MEDICAL INFORMATION WAIVER

I, the undersigned, do hereby give my permission for my athlete to participate in ANY current and future Northern Kentucky-Ohio Volleyball Club programs. I understand that neither Northern Kentucky-Ohio Volleyball Club, Town & Country Sports Complex, nor the staff or adult in charge can be held liable for any accident that may occur during the course of Northern Kentucky-Ohio Volleyball Club sponsored activities. I also attest to the fact that my athlete is covered by insurance. I understand that neither NKYVC, nor the staff in charge can be held responsible for any financial obligations incurred for medical services resulting from an injury received by my athlete while participating in Northern Kentucky-Ohio Volleyball Club sponsored activities. In the event of an emergency, if you are unable to contact me, please call the contact indicated below. I have listed any medical condition that coaches and staff should be aware of below.

Date: _____

PARENT OR GUARDIAN

Phone Number:

Emergency Contact & Phone #:

MEDICAL CONDITIONS WE SHOULD BE AWARE OF:
