

Red Cedar Youth Volleyball

EMERGENCY INFORMATION & CONSENT FORM

(ONE FOR EACH PLAYER) Please Note: **This form is to remain with the coach**

Player's Name: _____

Address: _____

Home Phone:(____) _____ Work Phone:(____) _____ Email _____

Father's Name: _____

Address: _____

Employer: _____

Home Phone:(____) _____ Work Phone:(____) _____ Email _____

Mother's Name: _____

Address: _____

Employer: _____

Home Phone:(____) _____ Work Phone:(____) _____ Email _____

Family Medical Insurance:

Carrier: _____ Group: _____

Policy #: _____ Group#: _____

Family Physician's Name: _____

Physician's Address: _____

Physician's Phone:(____) _____ Email: _____

Allergies (list): _____

Serious Medical Conditions (list):

I/we hereby grant consent to any and all health care providers designated by Red Cedar Sports Entertainment LLC, officials, or coaches to provide my child _____ any necessary medical care as a result of any injury/illness.
(Players Name)

This consent includes First Aid and transportation to/from health care providers.

Father's Signature _____ Date _____

Mother's Signature _____ Date _____