SUPER SPIKER CLINICS 2013

INSURANCE INFORMATION AND PARENT WAIVER FORM

PARENTAL / GUARDIAN AUTHORIZATION

NAME_____ AGE_____

ADDRESS_____

CITY_____ STATE_____ ZIP_____

CLINIC DATES **(MARK CLINIC(S) YOU ARE ATTENDING)**:

SUNDAY, AUG. 18 _____ SUNDAY, AUG. 25 _____

I have given my daughter/son permission to participate in the Super Spiker Clinics, and certify that she/he is in good health and can take part in all normal clinic activities.

If any injury occurs, I authorize the clinic staff to take all proper action and use the emergency service available at the nearest hospital, if necessary.

I understand my personal insurance will be used in this case. In the case of extreme emergency, I authorize emergency personnel to take proper action. The proper calls will be made to the parent / guardian before any medical attention is given.

SIGNED_____ DATE_____
Parent or guardian

INSURANCE CO._____ POLICY NUMBER_____

Daytime phone (_____)_____ INSURANCE CO. PHONE (_____)_____

Evening phone (_____)_____

PARENT WAIVER

I hereby authorize the staff of the **Super Spiker Clinics** to act for me according to their best judgment in any emergency regarding medical attention and I hereby waive and release the clinic from any and all liabilities for injuries, illnesses or lost property incurred while at the clinic. I have no knowledge of any physical impairment that would be affected by the above named participant in the clinic program as outlined in the brochure. My signature on this waiver also states that the above named participant is covered by my personal medical insurance policy.

SIGNED _____ DATE _____
Parent or guardian

Special medical conditions we should be aware of (allergies to medications, medications being taken, bee sting kits, etc.):

_____

Recent injuries and/or surgeries: _____

** THIS FORM MUST BE COMPLETELY FILLED OUT AND ON FILE WITH THE CLINIC TRAINER IN ORDER FOR YOU TO PARTICIPATE AT THE CLINIC.

If you still owe a balance, make checks payable to: **STANFORD WOMEN'S VOLLEYBALL**

Mail COMPLETED form and any final payment to:

Stanford Women's Volleyball-Super Spikers
641 E. Campus Dr.
Arrillaga Sports Center
Stanford, CA 94305-6150