

**PRINCE GEORGE YOUTH VOLLEYBALL CLUB
PLAYER INFORMATION/TRAVEL CONSENT FORM**

PLAYER NAME: _____

STREET ADDRESS: _____ POSTAL CODE: _____

PLAYER EMAIL: _____ PHONE: _____ Cell Home

DOB: _____ (please attach copy of Birth Certificate) CARE CARD NUMBER: _____

PARENT/GUARDIAN NAME: _____ Primary Contact?

EMAIL: _____ PHONE: _____ Cell Home

PARENT/GUARDIAN NAME: _____ Primary Contact?

EMAIL: _____ PHONE: _____ Cell Home

OTHER EMAILS FOR TEAM MANAGER: _____

Experience has shown that in connection with athletic activities and out-of-town travel there are times when illness or accident may occur and immediate surgical or medical attention is necessary. This is my permission for the coach in charge, or designates, to make arrangements for qualified surgical or medical attention for my child/ward in the event of an emergency without necessity of my prior approval. I understand that I will be notified by the quickest means possible in the event of an emergency.

If unable to get in contact with the parent/guardian, please provide an alternate contact.

ALTERNATE NAME: _____

EMAIL: _____ PHONE: _____ Cell Home

MEDICAL INFORMATION:

PHYSICIAN'S NAME: _____ PHONE: _____

Does your child have any allergies? _____ YES _____ NO

If yes, Food: _____ Medicine: _____ Other: _____

Other Medical Concerns? _____ YES _____ NO If yes, please list: _____

Permission to Participate:

I, the undersigned, after having read, understood and completed the above, hereby give my permission for my child/ward to attend and participate in **ALL** activities related to my child/wards membership on a PGYVC team.

Parent Signature: _____ Date: _____

PGYVC POLICIES:

As a player, I have read and understood the PGYVC Club Player Code of Conduct and policies as attached. I hereby agree to be responsible and accountable to work, play and live by the standards presented. If at any time I choose not to comply, I willingly agree to submit to the consequences including disciplinary action and if warranted, I could be asked to forfeit my position on the team, and agree to willingly do so.

Athlete Signature: _____ Date: _____

As a parent, I have read and understood the PGYVC Parent Code of Conduct and PGYVC policies as attached.

Parent Signature: _____ Date: _____