



Medical Waiver

The tryout, practice and match will be conducted with the utmost care and caution, but there does exist a risk of injury. In case of injury or illness, medical treatment will be sought in an area hospital. We must have a completed release for your daughter to be treated in case of emergency.

This medical form is for your daughter's protection, because a hospital will not perform medical procedures without parental permission. All players must have their own medical insurance in case of injury or illness I give my daughter _____ permission to participate in the IHSVCA tryouts, practices and match. She is in good physical condition and has no pré-existing condition that should exclude her from participating in such activities. We understand that there are inherent risks involved in volleyball. We do have medical insurance and will not hold the IHSVCA, Columbus East High School, Southwood High School, Lawrence North High School or representatives of the IHSVCA personally responsible for accident or injury. In case of accident, illness or injury we give the IHSVCA rep permission to authorize emergency medical treatment.

Parent Signature _____ Player Signature _____ Date _____

Emergency phone number _____ Contact Person _____

Insurance Company _____

Policy Number _____ Name of Insured _____

Media Release

The IHSVCA may use, release, or publish my daughter's photographs and likeness in its correspondence, publications, including not limited to its website and the official IHSVCA sponsored on-line social media. I release them from any expectations of confidentiality for (daughter's first name) _____ and attest that I am the parent or legal guardian of _____ (daughter's name).