

Volleyball Club Out-of-State Match Consent Form

Player Information

Player Name

Date of Birth

Address

Parent/Guardian Name

Contact Number

Event Information

Match Location (State & Venue)

Date(s) of Event

Emergency Contact

Emergency Contact Name

Relationship

Phone Number

Medical Information

List any medical conditions, allergies, or medications

Consent & Acknowledgment

I hereby give permission for my child to participate in the above out-of-state match/event with the Volleyball Club. In the event of necessity, I authorize the club staff to secure any necessary medical treatment.

I acknowledge and accept full responsibility for any risks involved.

Parent/Guardian Signature

Date