

Youth Volleyball Team Practice Consent Form

Player Name

Date of Birth

Parent/Guardian Name

Phone Number

Email

Medical Information

Allergies or Medical Conditions

Emergency Contact Name

Emergency Contact Phone

Consent & Waiver

I, the undersigned parent or legal guardian, consent to my child's participation in youth volleyball team practices. I acknowledge that participation involves physical activity and potential risk of injury and hereby release the organization and staff from any liability.

Parent/Guardian Signature

Date