

MN Premier Medical Release and Waiver
Form
2025-2026



Permission to Treat & Emergency Information Form **must be** carried to JVA authorized Events, Competition and Practices. The form **MUST** be completed legibly and signed in all areas by both the player and his/her parent or guardian.

BY SIGNING THIS FORM THE PARTICIPANT AND GUARDIAN AFFIRMS HAVING READ IT.

Organization/Club/Team: MN Premier/

Participant Name: _____

E-mail: _____ Phone: _____

Address: _____

City: _____ ST. _____ Zip: _____

I hereby grant permission for the named participant to take part in training, competitions, events, activities, and sponsored travel organized by the JVA member club. I endorse the designated leaders overseeing this program and acknowledge their dedicated service. I confirm that the participant is covered by comprehensive medical insurance provided by the listed company. Furthermore, I attest, to the best of my knowledge, that the named participant is in good physical condition to participate in the described activities.

Signed : _____

Relationship: _____ Date: _____

AS CUSTODIAL PARENT OR COURT-APPOINTED GUARDIAN OF THE PARTICIPANT NAMED ABOVE, I DO FOR BOTH OF CHILD'S PARENTS, FOR CHILD AND CHILD'S HEIRS AND SUCCESSORS, RELEASE JVA, CORP. AND ANY OF ITS AGENTS OR REPRESENTATIVES (ALL OF THE FOREGOING COLLECTIVELY "JVA.") FROM ALL CLAIMS ARISING OUT OF OR CONNECTION WITH CHILD'S PARTICIPATION IN ANY JVA INSURED CLUB, PROGRAM OR TOURNAMENT. I PROVIDE THIS RELEASE BECAUSE I AM MINDFUL THAT ATHLETICS, PHYSICAL TRAINING AND COMPETITION CAN BE A DANGEROUS UNDERTAKING REGARDLESS OF HOW CAREFUL OR PRUDENT ANY PERSON, FIRM OR FACILITY MIGHT BE.

Further, I give permission to the Minnesota Premier Volleyball Club to treat participants or arrange for medical care or treatment for child in any situation deemed reasonably necessary by MN Premier insured member club. If circumstances permit, Minnesota Premier Volleyball Club shall attempt to communicate first via telephone with the following emergency contacts for child.

Primary Emergency Contact: _____

Name/Relationship _____ Phone _____

Secondary Emergency Contact: _____

Name/Relationship _____ Phone _____

In the event neither emergency contact can be reached; or if the urgency of the situation requires immediate attention without prior telephone contact, JVA insured member club may arrange for medical treatment for the participant at the expense of the parent or guardian signing this form. Health Insurance, PPO information for child is as follows:

Insurance Company: _____

Policy Number: _____

Address: _____ Phone: _____

City: _____ ST: ____ Zip: _____

In order to seek appropriate medical care or treatment of Child, please disclose the following:

Allergies: _____ (please specify, enter "none")

Heart disease or other: _____ (please specify, enter "none")

Any other conditions, symptoms or disabilities, which would or might affect medical care or treatment or participation in the JVA program:

_____ (please specify, enter "none")

Signature of Custodial Parent _____

Date _____