FLORIDA AAU VOLLEYBALL PROGRAM

MEDICAL HISTORY AND RELEASE FORM

It is recommended that this form be carried with the coach during all training and competitions. Please complete all sections of this form. Both the player and his or her parent/guardian must sign in all appropriate areas. By signing this form, the participant and parent/guardian affirms they have read and understand it.

				(CIRCLE ONE) M F			
LAST NAME	FIRST NAME	titul Silah anakacat kapilan ana, anakay gasan ayan ayan ay kan	MI				
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Спу		ubbdel*d defenses	STATE	ZIP CODE			
BIRTH DATE	Age	SOCIAL S	ECURITY NO.	AAU MEMBERSHIPS No.			
TEAM NAME	DIVISION	4	Неіднт	WEIGHT			
The Participant, National Volleyball Program and is physically fit to engag and recognize that they will	e in the activities of the pro-	ogram. I appr	as permission to p dical insurance w ove the leaders ar	participate in the AAU Junior ith the company listed below nd coaches of this program			
MUST SIGN:		Da	ite:	Standard and American Conference of the Annual Standard of the			
PARTIC	CIPANT SIGNATURE		K. SHOOK SHANG ALL MEETING TO A TO A SHAND TO SHOW THE SHAND TO SH	i Tanana yang menangkan menangkan 1981 ng Napang Angganggan paga menangkan dari menangkan dan dan dan dan dalam d			
MUST SIGN:		Re	lationship:				
	/GUARDIAN SIGNATURE		Account of the State of the Sta				
Print Name:							
PAR	ENT/GUARDIAN	destruction destru	HOME PHONE	WORK PHONE			
STREET ADDRESS	and the state of t	CITY	STA	ATE ZIP			
Insurance Company	ANY GROUP POI		DOES THIS POLICY COVER SPORTS RELATED ACCIDES CY# (CIRCLE ONE) YES NO				
MEDICAL RELEASE: If my son or daughter should hereby authorize you to obta	l become ill or sustain an ir in emergency medical/den	njury during h Ital care.	is or her activities	of the volleyball program, I			
SIGN:	1	Date:					
PARENT/O	GUARDIAN SIGNATURE	n normalista (1864) de Marinia describación de Carlos (1864) de Carlos (18		онно от насти додин в настипання от настипання настипання на при настипання на при настипання на при настипання на п			
I do not authorize emergenc	y medical/dental care for m	ny son or daug	ghter.				
SIGN:			Date:	india Markataini, Yan Qo'ahaban III Maliiba ahandi makka inii kaybayna ayya magagayahaya (Afana Jana) minin.			
PARENT/C	UARDIAN SIGNATURE		and accompany of the Sant County	Annual of a service of the service o			

MEDICAL HISTORY

	YES	OR NO	DATE	PLEASE SPECIFY
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DIABETES	Υ	N		
EPILEPSY	Υ	N	****	
HEADACHES	Υ	N	***	
HEART	Υ Υ	N	Control of	The second secon
KIDNEY DISEASE	Υ	N	Marsh-Corticolis-In-In-Marsh-Corticolis-In-Open State (In-Open Sta	The second secon
MOTION SICKNESS	Υ	N		
INJURIES:				
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HEAD/NECK	Υ	N	PRINCE STORESTON OF SERVICE STORESTON STORESTON SERVICE STORESTON SERVICE SERV	
SHOULDER	Υ	N	all from the city of the city	
ELBOW	Υ	N	CPARE, CRIA, CRIA, Anna Anna Anna Anna Anna Anna Anna An	
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HAND	Υ	N .		The second secon
FINGER	Υ	N .		
OTHER	Υ	N		The second secon
IMMUNIZATIONS (please	state mon	th and yea	r):	
Tetanus	Pol	llo		Measles (Rubella)
is the participant taking any				
If yes, please name the dru	g(s), dosaç	je and frequ		
madessen) alled between environment can't describe allegate describes of the same of the s				
Is there any psycho-social o	or physical	condition fo	or which the participa	ant is currently under professional care?
NOYE				
Please list any injuries the p	articipant h	nas suffered	in the last two mor	aths:

Elaborate on any other med	ical conditi	ons:		
STATE OF				
COUNTY OF		anoma,		
SWORN TO BEFORE ME, A	NOTARY	REPUBLIC	C, BY SAID	PERSONALLY
KNOW TO ME THIS		_DAY OF_	.20	-
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MY COMMISSION EXPIRES				