## Jr. 6 - Man Volleyball Tournament Release of Liability

Each member of your team must have the following form completed by their parent or guardian. Team Manager, please submit each team member's completed form along with your team roster.

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Name of Team											
Name of Te											
Name of Pa											
Name of Pa	arent/G	Guardian									
Address											
City						State			Zip Code		
Mobile Pho	one					Alterna	Alternate Number				
Email											
IN CASE OF	INJURY	, NOTIFY T	HE FOLL	_OWING EI	MERO	GENCY CON	NTACT				
Name											
Address											
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Mobile Pho	one					Alterna	te Numl	ber			
Doctor's Na	's Name Phone Number										
Allergies (in	n none	, so state)									
Bleeder	. 🔲 D	iabetes	Con	vulsions		Heart Cor	dition		Other Con	ditions:	
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Signature of	of Pare	nt/Guardia	an:						Date:	<u> </u>	