



Spikes™



1. Has your child ever been away from home without family before? Yes No

2. Please list any medical issues your child has (including any nighttime issues such as bedwetting, sleep walking, nightmares, etc.):

3. Please list any prescription medications your child is currently taking or will be taking during the trip, including dosing information. ****All medications must be in the original containers and only in the amount needed for the duration of the trip****:

4. Is your child physically and mentally capable of self-administering his/her medication in a non-emergency situation?
Yes No (if no, please provide explanation):

5. Do we have your permission to administer Ibuprofen/Acetaminophen/Benedryl as needed? YES NO

6. Please list any food allergies and their severity, including reaction and treatment:

7. Please list any allergies to medications, if any:

8. Any other allergies we need to be aware of:

9. This trip involves swimming in a pool. Does your child know how to swim? YES NO

10. This trip involves playing/swimming at the beach/ocean. Has your child had experience swimming in the ocean?

YES NO

11. Please complete, sign, and date the Medical Release on the following page. ***Please include a copy of the front and back of your child's medical insurance card with this form!!***

Release for Medical Care/Treatment

For the 47th AAU Girls' Junior Volleyball Nationals Championships period of June 16th, 2020 through June 30th, 2020: I, _____, being the parent/legal guardian of _____, give permission for Pascal Guessas Owner and Director of Spikes LLC and its volunteer team staff and chaperones to seek and consent to any medical or dental care deemed necessary by a medical professional in my absence. Any exclusions of care are listed below.

EXCLUSIONS TO MEDICAL/DENTAL CARE:

My child's DOB: _____

My child's weight and height: _____

My child's pediatrician (name and phone): _____ () - _____

Allergies (including medication): _____

Insurance Information

Insurance Provider: _____

Name of Primary Insured: _____

DOB of Primary Insured: _____

Group or Policy Number: _____

Individual Member ID: _____

My emergency contact information: _____

Secondary emergency contact information: _____

Signature of parent/legal guardian

Date

While at Nationals, including travel to and from Orlando, I, _____,

as a player for and representing Spikes LLC Volleyball Club, promise that at all time:

_____ I will respect the coaches, chaperones, and my fellow players;

_____ I will obey the "House Rules" as established by the owner of the house, the coaches, and the chaperones. This includes chores I will be asked/expected to do.

_____ I will refrain from the use of profanity and/or derogatory language;

_____ I understand that violation of any of these promises will result in all of the following:

- Call home to parent(s).
- Lost play time.
- Loss of opportunities while on the trip.

_____ I will not bring and/or use any tobacco products.

_____ I will not bring and/or use any vape products (whether or not they contain nicotine).

_____ I will not bring and/or consume alcohol or any form of drugs.

_____ I will not leave the house I am staying at unless accompanied by a chaperone or coach.

- My being sent home on next available flight, at my parent's expenses with no option for reimbursement or refund of any kind.

Player Signature

Date

I understand, support, and accept the promises to which my child committed above, as well as the possible consequences for violation of any of these promises.

Parent Signature

Date