



JVA Tournament Release and Medical Form 2010

2365 Harrodsburg Road, Suite A325, Lexington, Kentucky, 40504

Release – Permission to Treat & Emergency Information
Form must be carried to JVA authorized Event, Competition and Practices. This **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 AFFIRMS HAVING READ IT.**

Name: _____ E-mail: _____
Address: _____ City: _____ St. _____ Zip: _____
Phone: (____) _____ Fax: _____

Participant _____, has my permission to participate in training, competition, events, activities and travel sponsored by JVA. I approve the leaders who will be in charge of this program. I recognize that the leaders are serving to the best of their ability. I certify that the participant has full medical insurance with the company listed below. I also certify to the best of my knowledge that the participant named hereon is physically fit to engage in the activities described herein.

Signed: _____ Relationship: _____ Date: _____

AS CUSTODIAL PARENT OR COURT-APPOINTED GUARDIAN OF _____ (“CHILD”). I DO FOR BOTH OF CHILD’S PARENTS, FOR CHILD AND CHILDS 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 JVD A 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 JVA. To treat Child or arrange for medical care or treatment for child in any situation deemed reasonably necessary by JVD A. If circumstances permit, JVA shall attempt to communicate first via telephone with the following emergency contacts for child.

Primary Emergency Contact: _____ Secondary Emergency Contact: _____

(Name and Relationship) (telephone #) (Name and Relationship) (telephone #)

In the event neither emergency contact can be reached or if the urgency of the situation requires immediate attention without prior telephone contact, JVD A may arrange for medical treatment for the Child 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: _____ City: _____ St: _____ Zip: _____
Telephone:(____) _____

In order to seek appropriate medical care of 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 disability which would or might affect medical care or treatment or participation in the JVD A program: _____

Signature (Custodial parent or court appt. guardian) (Date)

IF REQUIRED BY THE PARTICIPATION STATE:

STATE OF _____ COUNTY OF _____
SWORN TO BEFORE ME, a Notary Public, by said _____ personally known to me this _____ day of _____, 20_____.

Notary Public My Commission Expires _____