



PERSONAL DETAILS AND PERMISSION FORM

SURNAME: _____

GIVEN NAMES: _____

SEX: FEMALE / MALE

VWA MEMBER: YES / NO

DATE OF BIRTH: _____

EMERGENCY CONTACTS

In the event of any illness or accident, please contact the below listed person. (Please provide the best possible alternative contact. The HUB will always contact the parents first.)

NAME: _____ RELATIONSHIP: _____

HOME PHONE: _____ MOBILE: _____

Alternative Contact

NAME: _____ RELATIONSHIP: _____

HOME PHONE: _____ MOBILE: _____

PERMISSION TO PARTICIPATE

I/We hereby authorize and consent to our child’s participation in the **Junior Beach Volleyball Academy 2024**. We understand that the sport in which our child will be participating is potentially dangerous, and that physical injuries may occur to our child requiring emergency medical care and treatment.

I/We hereby give our consent and authorize the HUB Beach Volleyball and its employees / coaches to consent on our behalf and on behalf of our child, to administer emergency medical care and treatment in the event we are unable to be notified by reasonable attempts of the need for such emergency medical care and treatment.

ATHLETES NAME
SIGNATURE
DATE
PARENT/GUARDIANS NAME *
PARENT/GUARDIAN SIGNATURE *
DATE

If athlete is U18 years old, the form needs to be co-signed by a Parent or a Legal Guardian