

Lake Pleasant Volleyball Tryouts



Thursday, August 15th, 3:30-5:00

Friday, August 16th, 3:30-5:00

Please arrive dressed in athletic clothing and tennis shoes.
Insurance release waiver must be signed in order to participate in
tryouts.

Team results will be announced at the end of tryouts on Friday,
August 16th.

1st practice will begin Monday, August 19th at 1:15pm.

Coach: Brittanie Lopez

954-240-3747

Bmlopez23@gmail.com

**PEORIA UNIFIED SCHOOL DISTRICT #11
INSURANCE CONFIRMATION**

Athlete's Name _____

Address _____ City, St, Zip _____

Phone _____ Date of Birth _____

School _____ Grade _____ Home Room # _____

Peoria Unified District requires the parents of all elementary students participating in an athletic program involving competition to have insurance in the event of accidental injury. Please fill out the appropriate portion of this form indicating the type of coverage that you have for your child.

BOTH PARENTS ARE REQUESTED TO SIGN THIS FORM AND THE SIGNATURE OF ONE PARENT

THIS FORM IS TO BE FILLED OUT BEFORE THE STUDENT IS ALLOWED TO PARTICIPATE EITHER IN PRACTICE OR COMPETITION.

Student Insurance Protection Plan

Student's Name _____ is covered by _____

K-12 Student Assurance Plans, LLC purchased on _____

Personal Health and Accident Policy

Student's Name: _____

is covered by my own personal health and accident insurance policy with:

Title of Company _____ Address _____

Name of Agent _____ Policy Number _____

NOTARY PUBLIC

Signature of Father/Guardian _____ Signature of Mother or Guardian _____

Signature of Notary Public/Maricopa County _____ My Commission Expires: _____

Signature of School Office Personnel _____ Date _____

ATHLETES MEDICAL INFORMATION

Mother's Name: _____ Home Phone: _____
Place of Employment: _____ Work Phone: _____

Father's Name: _____ Home Phone: _____
Place of Employment: _____ Work Phone: _____

Non-parent contact to notify in case of emergency

Contact Name: _____ Phone: _____

Contact Name: _____ Phone: _____

Family Physician: _____ Phone: _____

Student's Physician: _____ Phone: _____

Medical History

Yes No Allergies
If yes, please list specific allergies:

- Yes No Asthma
- Yes No Diabetes
- Yes No Epilepsy
- Yes No Concussions
- Yes No Unconsciousness
- Yes No Fractures
- Yes No Sprains
- Yes No Neck Injuries
- Yes No Back Injuries
- Yes No Current Medications
- Yes No Surgeries

If yes to any of the above, please list specifics (i.e. symptom/injury, date, procedure):

Date of last tetanus: _____

Other health/medical information you would like school personnel to know about this athlete:

