



**Volleyball  
Canada**

## **Release of Confidential Information and Participant Consent**

I consent to the disclosure and or release of any or all of my (my child's) confidential health care information to the Team Canada Volleyball medical staff who may in turn disclose health information to the appropriate health care professionals in order to provide health care services. This information will be used for the purpose of determining what health care services are needed to assist the athlete in their training, personal development, professional development or emergent medical care.

If during the course of my (my child's) participation in any activity associated with Team Canada Volleyball, should I (my child) become injured or ill, I hereby authorize Team Canada Volleyball medical staff to obtain emergency medical/dental care, transportation, and injury rehabilitation care without first obtaining my prior consent or the consent of the parent / guardian.

### **ACCEPTED BY:**

\_\_\_\_\_  
**ATHLETE**

\_\_\_\_\_  
**DATE (MM/DD/YR)**

\_\_\_\_\_  
**PARENT / LEGAL GUARDIAN**  
*(if athlete under the age of 18)*

\_\_\_\_\_  
**DATE (MM/DD/YR)**