



UNITED VOLLEYBALL CLUB WA INC.



EMERGENCY & MEDICAL DECLARATION FORM

Dear Parent/Guardian,

We are asking you to complete this Emergency Contact and Medical Declaration Form for your child. This form provides us with important information about your child's medical conditions that you feel we should be aware of, contact information in case of an emergency, and other important information that can help us ensure the safety of your child whilst participating in our sports program.

Please provide us with the following information:

Name of Child:

Date of Birth:

Parent/Guardian Name(s):

Address:

Contact Phone Number:

Medical Condition:

Allergies:

Emergency Contact Information
(Please provide 2):

If your child has any medical conditions or allergies, please provide us with the details including any medications they are currently taking.

We would also like to remind you that it is your responsibility to ensure that this form is kept up to date with any changes to your child's medical information or contact information.

Thank you for taking the time to complete this form. We appreciate your cooperation in helping to ensure the safety of your child.

Sincerely,

United Volleyball Club WA Inc.

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