



PARTICIPATION WAIVER

RELEASE FOR PERSONAL INJURY AND DAMAGE

All physical activity has risks that may range from a fall, to muscle and ligament damage, to circulatory or heart disorders. Consequently you must make sure that your health is adequate to participate in the strenuous, vigorous physical activity involved in athletic participation. It is your responsibility to check with the physician of your choice about your health status and if there is any question regarding your fitness for participation. If you, at any time during your participation, experience any distress or have any questions regarding your participation, notify your coach or staff. Flying Tigers Volleyball provides no participant accident insurance or athletic accident insurance for tryouts or participation in any organized team training, individual volleyball training, fitness training, FTSSA (Flying Tigers Speed, Strength and Agility, including weight training) or open gym trainings. **You must provide your own coverage.**

WHEREAS the undersigned voluntarily desires to participate in a team practice, tryout, private lesson, open gym, camp FTSSA or fitness training; and

WHEREAS the undersigned is duly aware of the risks and hazards that may arise through participation in said activities and that participation in said activities may result in loss of life, limb, property, or all three, of the undersigned.

THEREFORE, it is agreed as follows:

THAT in consideration of being allowed to participate in said activities, **the undersigned hereby voluntarily assumes** all risks and accident or damage to his/her person or property and all risks of liability or demands of any kind sustained, whether caused by the negligence of Flying Tigers Volleyball agents or employees, or otherwise; and

THE undersigned further voluntarily agrees that the above release shall be binding upon their heirs, administrators, executors, and assigns, of the undersigned; and

THE undersigned hereby affirms having accident insurance coverage and having adequate health status to participate in strenuous physical activity. The undersigned further acknowledges that the undersigned has the right to refuse to attempt, or to withdraw from physical activity for any reason. The undersigned accepts the responsibility to report any injury, distress, preexisting conditions that may impair performance, or other problems to the Flying Tigers Volleyball coach and staff at Flying Tigers.

THE undersigned, by signing this release, hereby certifies that the undersigned has read and fully understands and agrees with the conditions herein provided.

TODAY'S DATE _____ EMERGENCY CONTACT #: _____

ATHLETE NAME (print): _____ DATE OF BIRTH _____

ATHLETE SIGNATURE: _____

PARENT SIGNATURE: _____



Player Information – Tryouts

Player's Name	Player's Cell Phone #	Date of Birth	Age
Player's Email	Home Address	Grade	Years Played
		Office Use	Only
Current School	Previous Club or Organization	Fee	USA wavier
Parent's Name(s)	Parent's Email(s)	FT Part Waiver	
Parent's Cell Phone Number(s)	Player Jersey # (List 3 choices) #1_____, #2_____, #3_____		

Medical Liability and Release

I (We) _____ the legal guardian(s) of _____ authorize Flying Tigers Volleyball, CCSD (Clark County School District) and all those associated with Flying Tigers Volleyball to administer general first aid treatment. If any injury sustained is life threatening, or in need of emergency treatment, I authorize Flying Tigers Volleyball, CCSD or its representatives to summon any professional emergency personnel to attend, transport and treat my child.

If the injury sustained requires hospitalization, I understand that I or my medical insurance company are solely responsible for all bills and claims that may be filed as a result of any injury.

By signing this medical release and liability form, I understand that I will not hold Flying Tigers Volleyball, CCSD or its representatives responsible for any injury sustained to my child or for any reason while my daughter is participating in tryouts or regular season play.

Parent/Guardian Signature: _____

Insurance Company: _____

Policy Number: _____



USAV YOUTH & JUNIOR VOLLEYBALL PLAYER MEDICAL RELEASE FORM

This must be completed - legibly - and signed in all areas by both the player and his/her parent or guardian. I understand and agree that this document will be kept in the possession of authorized adult team personnel and that reasonable care will be used to keep this information confidential. **By signing this form the participant affirms having read and agreed to the terms and conditions listed below.**

Club: _____ Team Name: _____

First Name _____ Last Name _____ Birth Date _____ Age _____ Male Female

Primary Contact: Parent or Guardian

Name: _____ Address: _____
 City, State & Zip _____
 Primary Phone: _____ Alternate Phone: _____

Secondary Contact: Parent/Guardian Other _____

Name: _____
 Primary Phone: _____ Alternate Phone: _____

Primary Insurance Co _____ Primary Group/Policy # _____ / _____
 Family Physician Name _____ Physician Phone _____

Please elaborate on any medical conditions of which we should be aware:

Please list any medications currently being taken:

In the past 24 months, have you been tested, diagnosed and/or treated for a concussion: Yes No
 If yes, provide the date (months and year), who performed the testing/diagnosing/treatment and what was the outcome:

Please list any allergies:

If None, please write None.

Participant Signature _____ Date: _____
(regardless of age):

Participant, _____, has my permission to participate in training, competition, events, activities and travel sponsored by USA Volleyball or any of its Regional Volleyball Associations (RVAs). I approve of 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 above. I understand and agree that this document will be kept in the possession of authorized adult team personnel and that reasonable care will be used to keep this information confidential. I agree to allow the authorized adult team personnel to release this information in the event of a medical emergency to a third party medical provider. I also certify to the best of my knowledge that the participant named hereon is physically fit to engage in the activities described above.

Parent/Guardian Signature: _____ Date: _____
 Relationship to Participant: _____

If, during the course of my daughter's/son's activities in volleyball, she/he should become ill or sustain an injury, I hereby **authorize** you to obtain emergency medical/dental care. I will assume financial responsibility for the bills incurred through my insurance company.

Signature: _____ Date: _____
 Parent/Guardian

I do not authorize emergency medical/dental care for my daughter/son.

Signature: _____ Date: _____
 Parent/Guardian