



TopFlight Volleyball Waiver Release & Agreement Form

By signing below, I give permission for my child a minor to participate in the TopFlight Volleyball League (TopFlight Volleyball will be recognized as TFV in the rest of this document). I recognize these activities will involve strenuous activity and certify that the Participant is fit to engage in an activity of this sort. I recognize the risks that are inherent in the activities proposed for this activity. In case of an emergency involving the Participant, I understand that the TFV staff will make all reasonable attempts to contact me at the supplied telephone numbers on this document. I, therefore give my approval for the Participant’s participation in all activities at the TFV League and assume all risks and hazards incidental to such participation and do, for myself, my heirs, executors and administrators, waive, release, indemnify, and forever agree to hold harmless the TFV & HCISD, its staff, officers, agents, representatives, sponsors, advertisers, coaches, teams, volunteers, employees, heirs, successors, and assigns of and from any all rights and claims for dangers resulting from injury to person or property which may be sustained or occur during participation in TFV activities, whether said damages, injury or loss is due to negligence. By signing below I understand that I must pay \$200 by May 23, 2018 and \$200 on June 20, 2018 (total of \$400). This will cover coach salaries and tournament fees. If I was not a member of TFV during the 2017-2018 indoor season the total fee will be \$500.

Participant Name

Parent Print

Parent Signature

Date

*Each participant must have this form filled out and signed.

Parent Contact

Player Name:

Name	Contact Number	Relationship



Sand Roster

Cpt. Player 1: _____ **DOB:** _____ **Phone:** _____

Email Address: _____

Email Address: _____

Player 1 Address: _____

USAV Number: _____

Player 2: _____ **DOB:** _____ **Phone:** _____

Email Address: _____

Email Address: _____

Player 1 Address: _____

USAV Number: _____

Date	Tournament Name	Site