



## **TopFlight Volleyball Waiver Release & Agreement Form**

By signing below, I give permission for my child a minor to participate in the TopFlight Volleyball Program (TopFlight Volleyball Program will be recognized as TFV in the rest of this document). I recognize these activities will involve strenuous activity and certify that my child/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 program. In case of an emergency involving my child/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 my child/the participant's participation in all activities for the TFV Program 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 TFV, 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 the TFV Program, whether said damages, injury or loss is due to negligence.

By signing below, I understand as a club member of TFV for the 2020-2021 USAV season I will pay \$300 by May 19, 2021 and \$200 on June 16, 2021 (total of \$500) for the TFV Volleyball Program. If I was not a member of TFV during the 2020-2021 indoor season the total fee will be \$600. With payments of \$400 on May 19 and \$200 on June 16. These fees will cover 4 USAV sand tournaments. Fees will cover coach salaries, a jersey, tournament fees (4), and organization fees. If we choose an AAU sand tournament there is an added member registration fee to be paid for by each team member. I also understand and agree that all fees are non-refundable nor transferable. I have opted to choose my partner or have a partner assigned to me for this program. I understand and agree if my partner cancels, I will have to look for another partner to take over her payments or my season may be canceled without a refund.

\_\_\_\_\_  
Participant Name

\_\_\_\_\_  
Parent Print

\_\_\_\_\_  
Parent Signature

### **Parent/Guardian Contact**

<b>Name</b>	<b>Contact Number</b>	<b>Relationship</b>



## Sand Roster

Captain Player 1: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone: \_\_\_\_\_

Player 1 Address: \_\_\_\_\_

Email: \_\_\_\_\_

USAV Number: \_\_\_\_\_

Player 2: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone: \_\_\_\_\_

Player 2 Address: \_\_\_\_\_

Email: \_\_\_\_\_

USAV Number: \_\_\_\_\_

Date	Tournament Name	Site