



## JVA INSURED TOURNAMENT COACHES' SIGN-IN FORM

Name of Event: \_\_\_\_\_ Date(s): \_\_\_\_\_

This tournament is insured by JVA. It is required that each member of the team have signed **JVA Waiver of Liability Form** and a **JVA Medical Waiver and Release Form\*** and that a hard copy of the form is in the possession of the coach/team rep at all times or available online via AllPlayers.com.

If an individual is injured during participation in this event, it is the coach's responsibility to secure a "**JVA Incident Report**" from the Tournament Director. The form should be completed and retained by the Tournament Director. It is advised that the coach keep a copy for the club records. Medical Claims for insurance coverage cannot be honored without an Incident Report form. A Medical Claim form can be requested from Lisa Pierce via email at [lisa.pierce@jvavolleyball.org](mailto:lisa.pierce@jvavolleyball.org).

By signing this form, the coach assumes responsibility to have access to the above named forms at all times.

\*A USAV Medical Waiver and Release Form are acceptable.

Club Name \_\_\_\_\_

Team Name \_\_\_\_\_

Coach Printed Name \_\_\_\_\_

Coach Signature \_\_\_\_\_

Dated \_\_\_\_\_

*Rev 07292013*

For more information on the Junior Volleyball Association (JVA) go to <http://www.jvaonline.org>

Contact with Questions:  
Lisa Pierce, Member Development & Services  
[lisa.pierce@jvavolleyball.org](mailto:lisa.pierce@jvavolleyball.org)  
414-640-1738



**JVA**  
**PARTICIPANT RELEASE OF LIABILITY**  
**2015-2016**  
READ BEFORE SIGNING

Organization/Club/Team Name \_\_\_\_\_

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

In consideration of being allowed to participate in any way in the program, related events and activities, I the undersigned, acknowledge, appreciate, and agree that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, BUT NOT GROSS NEGLIGENCE OF THE RELEASEES; or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If however I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS THE (JVA) Junior Volleyball Association, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event (RELEASEES), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

**X**

\_\_\_\_\_  
 Participant's Signature

Age

Date

**FOR PARENTS/GUARDIANS OF PARTICIPANT OF MINOR AGE**  
 (UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liability incidents to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

**X**

\_\_\_\_\_  
 Parent/Guardian Signature

Date

Emergency Phone Number(s) \_\_\_\_\_



# JVA Medical Release and Waiver Form 2015-2016

Permission to Treat & Emergency Information Form must either be carried to JVA authorized Event, Competition and Practices or on file at AllPlayers.com. The form MUST be completed legibly and signed in all areas by both the player and his/her parent or guardian.

BY SIGNING THIS FORM THE PARTICIPANT AND GUARDIAN AFFIRMS HAVING READ IT.

Organization/Club/Team \_\_\_\_\_

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

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ St. \_\_\_\_\_ Zip: \_\_\_\_\_

Participant as named above has my permission to participate in training, competition, events, activities and travel sponsored by JVA member club. I approve 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 below. I also certify to the best of my knowledge that the participant named hereon is physically fit to engage in the activities described herein.

Signed: \_\_\_\_\_

Relationship: \_\_\_\_\_ Date: \_\_\_\_\_

AS CUSTODIAL PARENT OR COURT-APPOINTED GUARDIAN OF THE PARTICIPANT NAMED ABOVE, I DO FOR BOTH OF CHILD'S PARENTS, FOR CHILD AND CHILD'S HEIRS AND SUCCESSORS, RELEASE JVA, CORP. AND ANY OF ITS AGENTS OR REPRESENTATIVES (ALL OF THE FOREGOING COLLECTIVELY "JVA.") FROM ALL CLAIMS ARISING OUT OF OR CONNECTION WITH CHILD'S PARTICIPATION IN ANY JVA INSURED CLUB, PROGRAM OR TOURNAMENT. I PROVIDE THIS RELEASE BECAUSE I AM MINDFUL THAT ATHLETICS, PHYSICAL TRAINING AND COMPETITION CAN BE A DANGEROUS UNDERTAKING REGARDLESS OF HOW CAREFUL OR PRUDENT ANY PERSON, FIRM OR FACILITY MIGHT BE.

Further, I give permission to JVA insured member club to treat participant or arrange for medical care or treatment for child in any situation deemed reasonably necessary by JVA insured member club. If circumstances permit, JVA member club shall attempt to communicate first via telephone with the following emergency contacts for child.

Primary Emergency Contact:

Name/Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Secondary Emergency Contact:

Name/Relationship \_\_\_\_\_ Phone \_\_\_\_\_

In the event neither emergency contact can be reached; or if the urgency of the situation requires immediate attention without prior telephone contact, JVA insured member club may arrange for medical treatment for the participant at the expense of the parent or guardian signing this form. Health Insurance, PPO information for child is as follows:

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

In order to seek appropriate medical care or treatment of Child, please disclose the following:

Allergies: \_\_\_\_\_ (please specify, enter "none")

Heart disease or other: \_\_\_\_\_ (please specify, enter "none")

Any other conditions, symptoms or disability, which would or might affect medical care or treatment or participation in the JVA program:

Signature of Custodial parent or court apt. Guardian \_\_\_\_\_ Date \_\_\_\_\_

Best Email Contact \_\_\_\_\_

IF REQUIRED BY THE PARTICIPATION STATE (FLORIDA):

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_ SWORN  
TO BEFORE ME, a Notary Public, by said \_\_\_\_\_ personally  
known to me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
(Notary Public)

My Commission Expires \_\_\_\_\_