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 has signed the **JVA Waiver of Liability Form** electronically and that it can be accessed through the JVA registration.

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 via email at members@jvavolleyball.org.

By signing this form, you are taking responsibility that anyone on your bench is on your submitted roster. Also, you are agreeing that you have completed all requirements of the JVA Background Screen and JVA Safety Policy. The coach assumes responsibility to have access to the above-named forms at all times.

Club Name _____

Team Name _____

Signee Printed Name _____

Signee Signature _____

Cell Phone _____

Dated _____

For more information on the Junior Volleyball Association (JVA) go to www.jvavolleyball.org

Contact with Questions: members@jvavolleyball.org

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