



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 SportsEngine.

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 from. A Medical Claim form can be requested from Lisa Wielebnicki via email at lisa.wielebnicki@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 is acceptable.

Club Name _____

Team Name _____

Coach Printed Name _____

Coach Signature _____

Dated _____

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

Contact with Questions:
Lisa Wielebnicki, JVA Director of Member Development
Lisa.wielebnicki@jvavolleyball.org



**JVA
RELEASE OF LIABILITY
2019-2020
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)

If you are a coach, event staff, or official, please check here:



JVA Medical Release and Waiver Form 2019-2020

Permission to Treat & Emergency Information Form must either be carried to JVA authorized Event, Competition and Practices or on file at SportsEngine. 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 _____