2019 Top Gun Volleyball Club

Participation Contract and Medical History/Liability Waiver - Winter 12U

We, the undersigned, commit to the Top Gun Volleyball Club for the 2019 Winter season. We agree to follow and abide by all policies of the Top Gun VBC and understand that failure to do so may result in disciplinary actions and/or immediate removal from the club without refund.

We verify to the best of our ability that our daughter is in good physical health and has our permission to engage in the rigorous training, conditioning and various activities that are required as part of the Top Gun VBC program. In the event of an emergency, we hereby authorize the Top Gun VBC staff to act on our behalf to secure any and all medical attention deemed necessary for the health and safety of our daughter until such time that we may be contacted. We also will assume responsibility for any and all payment of such treatment. We verify that our daughter has full medical insurance coverage as listed below.

We recognize and accept that there are potential risks involved in participation with the Top Gun VBC, during training and practices, tournaments and travel. Acknowledging these risks, we fully consent to our daughter's participation in the Top Gun VBC and hereby release the Top Gun VBC, their staff and associates, along with Howell Public Schools, their staff and associates, Brighton Area Schools, their staff and associates of any and all liability in the event of any illness or injury arising out of, or related to traveling to and from, or during participation in any portion of a volleyball event with Top Gun VBC.

We agree to pay Top Gun VBC \$550.00 for our daughter's participation on the 12U Top Gun team for the 2019 Winter season. This includes costs for tournament entry fees, t-shirt/uniform, facility rentals, coaching fees and administrative costs.

We understand that in addition to the above costs, we are responsible for all other costs associated with scheduled tournaments including but not limited to: transportation to, from and during tournaments and meal expenses. We also understand that we are responsible for securing a valid AAU membership for our daughter at www.aauvolleyball.org and include it with this registration. The Top Gun Code is WY7YBF.

We give our permission for the likeness of our daughter to be posted on the Top Gun VBC web site, Facebook and Instagram sites in the form of pictures or videos from practices, tournaments and team functions.

By signing this form, I confirm that I have read and consent to all the information listed above, verify that the information given below is accurate and **give my daughter permission** to participate with Top Gun VBC for the 2019 Winter season.

Printed Name of Parent	Signature of Parent	Date Signed
• •	nat I have read and consent to all the inforceurate and give my daughter permissin.	
Printed Name of Parent	Signature of Parent	Date Signed
	nat I have read and consent to all the inforceurate and choose to participate Top 0	-
Printed Name of Participant	Signature of Participant	 Date Signed

2019 Top Gun Volleyball Club Player Information and Medical History Form – 12U

Athlete's Information:

Name	Da	ate of Birth/	/ Age			
Address		City	Zip			
School	Grade	T-shirt: Specify Adu	ult or Youth and Size:			
Home Phone Number ()	Top Three Uniform Number Choices					
Please send email communication to:						
<u>Father's Information</u> :	<u>Mot</u>	her's Information:				
Name	Nan	ne				
Work/Cell Phone ()	Wor	k/Cell Phone ())			
Insurance Information:						
Primary Insurance Co.	Insurance Co. Phone ()					
Primary Group/Policy #	Policy Holder's Name					
Family Physician's Name		Physician's Phone	()			
In Case of Emergency, Contact: (af	<u>er parents)</u>					
		()				
Name	Relationship	Phone				
Medical Information: All known allergies: Any medical conditions that we should Medications my daughter is currently	d be aware of: on:					
Name of drug(s), dosage and frequen My daughter wears contact lenses: (c)	cy:		Yes	No		
My daughter wears removable orthodo			Yes	No		
My daughter carries and uses an inha	ler to alleviate asthn	natic symptoms:	Yes	No		
I give permission to the Top Gun VBC I will allow the circled medication belo						
Acetaminop	nen (Tylenol)	lbuprofen – ((Motrin, Advil)			
In the event of an emergency, I au secure any and all medical/dental time that I may be contacted. I als	attention necessar	y for the health ar	nd safety of my daug	ghter until such		
Parent Signature				Date Signed		
Parent Signature				Date Signed		