

# 2022 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 2022 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 on the medical history form.

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, including Covid-19, 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 will support any and all Covid-19 protocols put into place by Top Gun VBC, which may include but is not limited to permitting athletes and coaches only inside the facilities, requiring all participants to wear a face covering (mask) at all time while inside the facility – before, during and after practices and tournaments, one-way traffic patterns in facilities, hand sanitization prior to gym entry. We will keep our athlete at home if she is feeling unwell. We recognize these guidelines may change and yet they may remain the same throughout the season.

We agree to pay Top Gun VBC \$575.00 for our daughter's participation on the 12U Top Gun team for the 2022 Winter season. This includes costs for tournament entry fees, t-shirt/uniform, facility rentals, coaching fees and administrative costs. A minimum of \$300.00 will be paid now with the remainder paid by January 31, 2022.

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](http://www.aauvolleyball.org) and are including it with this registration. **The Top Gun Club Code is W34DE4.**

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 2022 Winter season.

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Printed Name of Parent #1	Signature of <b>Parent #1</b>	Date Signed
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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 2022 Winter season.

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Printed Name of Parent #2	Signature of <b>Parent #2</b>	Date Signed
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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 **choose to participate** Top Gun VBC for the 2022 Winter season.

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Printed Name of Participant	Signature of <b>Participant</b>	Date Signed
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**To complete registration, please send both pages, along with minimum \$300.00 of payment and AAU membership information to:**

**Top Gun VBC 5494 Sharp Drive, Howell, MI 48843.**

# 2022 Top Gun Volleyball Club

## Player Information and Medical History Form – 12U

### Athlete's Information:

Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ T-shirt: Specify Adult or Youth and Size: \_\_\_\_\_

Home Phone Number (\_\_\_\_) \_\_\_\_\_ Top Three Uniform Number Choices \_\_\_\_\_

Email communication should be sent to: \_\_\_\_\_  
(list all that apply)

### Father's Information:

### Mother's Information:

Name \_\_\_\_\_ Name \_\_\_\_\_

Work/Cell Phone (\_\_\_\_) \_\_\_\_\_ Work/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: (after parents)

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

### Medical Information:

All known allergies: \_\_\_\_\_

Any medical conditions that we should be aware of: \_\_\_\_\_

Medications my daughter is currently on: \_\_\_\_\_

Name of drug(s), dosage and frequency: \_\_\_\_\_

My daughter wears contact lenses: (circle one) Yes No

My daughter wears removable orthodontic devices: Yes No

My daughter carries and uses an inhaler to alleviate asthmatic symptoms: Yes No

I give permission to the Top Gun VBC coaching staff to give non-prescription medications to my daughter if needed. I will allow the circled medication below. **If none are circled, we will not administer any of the medications.**

Acetaminophen (Tylenol)

Ibuprofen – (Motrin, Advil)

In the event of an emergency, I authorize the Top Gun VBC staff and associates to act on my behalf to secure any and all medical/dental attention necessary for the health and safety of my daughter until such time that I may be contacted. I also assume responsibility for any and all payment of such treatment.

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

Date Signed \_\_\_\_\_

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

Date Signed \_\_\_\_\_

AAU Membership # \_\_\_\_\_