2027 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 2027 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, we fully consent to our daughter's participation in the Top Gun VBC program and hereby release 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 from, or related to traveling to and from, or during participation in any portion of a volleyball event or practice with Top Gun VBC.

We agree to pay Top Gun VBC $650.00 for our daughter's participation on the 12U Top Gun team for the 2027 Winter season. This cost includes tournament entry fees, t-shirt/uniform, facility rentals, administrative, club, and coaching costs. A minimum of $325.00 is included now and any remainder will be paid by January 31, 2027.

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.aausports.org and are including it with this registration.
The 2027 Michigan Top Gun Club Code is UDXTSCHUF

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 permission for my daughter** to participate with Top Gun VBC for the 2027 Winter season.

_____	_____	_____
Printed Name of Parent #1	Signature of **Parent #1**	Date Signed

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 permission for my daughter** to participate with Top Gun VBC for the 2027 Winter season.

_____	_____	_____
Printed Name of Parent #2	Signature of **Parent #2**	Date Signed

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 2027 Winter season.

_____	_____	_____
Printed Name of Participant	Signature of **Participant**	Date Signed

To complete registration, please send both pages, along with minimum $325.00 of payment and AAU membership information to: Top Gun VBC 679 Lakewood Dr, South Lyon MI 48178.

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Player Information and Medical History Form – 12U

Please fill out legibly and completely!

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:

Name_____

Work/Cell Phone (_____)_____

Mother's Information:

Name_____

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 <u>will not</u> 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

2027 AAU Membership # _____