



Powers Volleyball Club

Application Agreement 2023-2024

Player Name _____

DOB _____ School Grade _____

School Attending _____

Address _____ City _____ Zip _____

Email _____ Phone _____

Parent Names _____

Parent Phone/Email _____

Pertaining to membership in the Powers Volleyball Academy

1. Acknowledgement of Risk and Parental Consent

The player and parent/guardian should read this statement carefully. You should be aware playing or practicing to play volleyball in any manner can be a dangerous activity involving many risks or injury. These risks may include, but are not limited to death, serious neck, head and spinal injuries which may result in complete or partial paralysis, serious injury to other parts of the body, general health and well being. Because of the dangers of participating in sports, the player should recognize the importance of following the coaches' instruction regarding playing techniques, training and other team rules, and obey that instruction.

2. For myself, my executors, administrators, heirs, next of kin, successors, and assigns, I HEREBY: Waive any and all claims that I may have against **Powers**, its officers, directors, members, volunteers, employees, coaches, agents, USAV, AAU/JVA, and their heirs, next of kin, successors, or assigns ("the release") including any and all claims for damage caused by the negligence of any of them arising out of my participation in volleyball and its related activities, together with any costs including attorney's fees that may be incurred as a result of any such claim whether valid or not and release **Powers**, its officers, directors, members, volunteers, employees, coaches, sponsors of any liability resulting from injury or death during practice or competition and related activity.

3. I hereby acknowledge that I have sole responsibility for my personal possessions and athletic equipment during the competition with **Powers** and related activities.

4. I hereby attest and verify I am physically fit and have sufficiently trained for this competition and my physical condition has been verified by a licensed medical doctor.

5. I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during participation with **Powers**.

6. I hereby agree that in the event of cancellation of membership, by me or **Powers**, for whatever reason, any monies in my account will become the property of **Powers**.

7. I agree to the **Powers** payment and billing procedure and I understand that by signing this I am fully responsible for the entire fee.

PLAYER _____ Date _____

PARENT/GUARDIAN _____ Date _____