

# Jackson Sand Program **LIABILITY RELEASE FORM**

I give my child (children) \_\_\_\_\_, permission to participate in the **Jackson Sand Program** located outdoors at 960 Pioneer Road, Jackson, WI 53037.

**CHECK POSITION-SPECIFIC FRIDAY SESSION NUMBER (\$225.00 each):**

Session #13 \_\_\_\_\_ DF & SETTING = G9-11 (7:30-9:30am) Session #14 \_\_\_\_\_ ATT = G9-11 (10am-Noon)

**Grade In Fall (circle one):**    3<sup>rd</sup>    4<sup>th</sup>    5<sup>th</sup>    6<sup>th</sup>    7<sup>th</sup>    8<sup>th</sup>    9<sup>th</sup>    10<sup>th</sup>    11<sup>th</sup>    12<sup>th</sup>  
**T-Shirt Size (circle one):**    **YS**    **YM**    **YL**    **AS**    **AM**    **AL**    **AXL**    **AXXL**    **OTHER**

**By signing this form I agree to the following:**

1. I am fully aware that participation on the indoor volleyball court can be dangerous and that minor or major injuries can occur. I accept the possibility of general injury risk and also the risk of catastrophic injury, paralysis, and even death.
2. I give my consent for Dave Pauers OR any qualified staff member to secure any medical treatment or seek transport my child may need in the event of injury, if I am not available at the time of injury.
3. I understand that my child will be informed of any rules pertaining to the use of the indoor volleyball court
4. I have and will provide hospitalization, health and/or accident insurance coverage, which I consider adequate for my child.
5. I consent to allow my child to participate on the indoor volleyball court, being fully aware of the risks and possibility of injury involved. Direct adult supervision of participation is not assumed at all times (jogging outside the gym, up the stairs, outdoors, on the grass, in the racquetball courts, etc.).
6. I, my executors or other representatives, waive and release all rights and claims for damages that my child or I may have against Coach Dave Pauers, at 960 Pioneer Road, Jackson WI 53037; as a result of injury from participation on and around the outdoor volleyball court at the above address.

**Today's Date of Release:** \_\_\_\_\_

**Athlete Email & Signature:** \_\_\_\_\_

**Parent Email & Signature:** \_\_\_\_\_

**Emergency Contacts:** \_\_\_\_\_

**Primary Insurance Information:** \_\_\_\_\_

**5 REQUIREMENTS:** BR Mem Card, 3 Forms Below & Summer Series Program

**PRINT, SIGN & SEND TO:** Adversity-Wisconsin VBC1422 Trillium Court West Bend WI 53095



## PARENT & ATHLETE AGREEMENT

Related to Concussion Law 2011 – Wisconsin Act 172

**As a Parent and as an Athlete it is important to recognize the signs, symptoms, and behaviors of concussions.** By signing this form you are stating that you understand the importance of recognizing and responding to the signs, symptoms, and behaviors of a concussion or head injury. *This form must be completed for every sports season and every youth athletic organization the athlete is involved with.*

### Parent Agreement:

I \_\_\_\_\_ have **read** the Parent Concussion and Head Injury Information and **understand** what a concussion is and how it may be caused. I also understand the common signs, symptoms, and behaviors. I agree that my child must be removed from practice/play if a concussion is suspected.

I understand that it is my responsibility to seek medical treatment if a suspected concussion is reported to me.

I understand that my child cannot return to practice/play until providing written clearance from an appropriate health care provider to his/her coach.

I understand the possible consequences of my child returning to practice/play too soon.

Parent/Guardian  
Signature \_\_\_\_\_ Date \_\_\_\_\_

### Athlete Agreement:

I \_\_\_\_\_ have **read** the Athlete Concussion and Head Injury Information and **understand** what a concussion is and how it may be caused.

I understand the importance of reporting a suspected concussion to my coaches and my parents/guardian.

I understand that I must be removed from practice/play if a concussion is suspected. I understand that I must provide written clearance from an appropriate health care provider to my coach before returning to practice/play.

I understand the possible consequence of returning to practice/play too soon and that my brain needs time to heal.

Athlete  
Signature \_\_\_\_\_ Date \_\_\_\_\_



# Adversity-Wisconsin VBC Expectations

## Athlete & Parent Expectations for all Summer Series Programs

- 1.) Represent your team, summer program & yourself in a positive manner (both on and off the court)...
- 2.) Maintain a great attitude throughout the summer (top 5 acknowledged at the end of the summer)...
- 3.) Have fun through unselfish participation and teamwork (support others that may sub in for you at times)...
- 4.) Accept constructive criticism from coaches and teammates (to improve athlete & team performance)...
- 5.) Actively participate in practices and games (please update our staff if missing due to other obligations)...
- 6.) Focus your mind on what's best for the team in practices & games (keep your eyes on the ball, not in the stands)...
- 7.) Abandon personal problems & situations *before* stepping on the court (**or** make coach aware ahead of time)...
- 8.) Be honest to your team, your program, your coaches & yourself (follow all rules & expectations on this sheet)...
- 9.) Earn position on each court (most programs have 2 courts – kids can “challenge up” or be moved over weekly)...
- 10.) Learn from failure (take a chance, don't be afraid & go for it!) and think “how can I/we be more successful?”...
- 11.) Arrive 10-15 minutes early for all scheduled training sessions (not any earlier unless asked by our staff)...
- 12.) Set high, yet attainable goals in terms of future participation at the club, school or collegiate levels...
- 13.) Encourage teammates to do their best (challenge each other and celebrate points with enthusiasm!)...
- 14.) Respect coaches & their decisions (they have dedicated their time and skills to help you achieve greatness)...
- 15.) Maintain proper hydration & nutrition before, during & after practices or games (all summer long)...
- 16.) Communicate openly with coaches, teammates & parents (reporting injuries, playing or court concerns, etc.)...
- 17.) Address the coaches, assistants and any adults (all summer program staff) in a positive manner...
- 18.) Effort must be achieved through dedication & intensity (working hard and smart at practice and on your own)...
- 19.) All summer program participants should work together to increase skills for participation at the next level...
- 20.) No cell phone use at our summer programs - special circumstances and for emergencies only (get permission)!!!
- 21.) Dress properly 4 practice/games (kneepads, t-shirts, daily color & ankle braces/tapings are encouraged)...
- 22.) Making destructive decisions/bad choices (in summer) will result in loss of participation (at coach's discretion)...

\*Athlete's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Phone #: \_\_\_\_\_

\*Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Phone #: \_\_\_\_\_

***By signing this contract, you are accepting a spot to participate in an Adversity-Wisconsin Volleyball Club Summer Series Instructional Program***





## USAV YOUTH & JUNIOR VOLLEYBALL PLAYER MEDICAL RELEASE FORM

This **must** be completed - legibly - and signed in all areas by both the player and his/her parent or guardian. I understand and agree that this document will be kept in the possession of authorized adult team personnel and that reasonable care will be used to keep this information confidential. *By signing this form the participant affirms having read and agreed to the terms and conditions listed below.*

Club: \_\_\_\_\_ Team Name: \_\_\_\_\_

\_\_\_\_\_  Male  Female  
 First Name Last Name Birth Date Age

**Primary Contact: Parent or Guardian**

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 City, State & Zip \_\_\_\_\_  
 Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

**Secondary Contact:**  Parent/Guardian  Other \_\_\_\_\_

Name: \_\_\_\_\_  
 Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Primary Insurance Co \_\_\_\_\_ Primary Group/Policy # \_\_\_\_\_ / \_\_\_\_\_  
 Family Physician Name \_\_\_\_\_ Physician Phone \_\_\_\_\_

Please elaborate on any medical conditions of which we should be aware:  
 \_\_\_\_\_  
 Please list any medications currently being taken:  
 \_\_\_\_\_  
 In the past 24 months, have you been tested, diagnosed and/or treated for a concussion:  Yes  No  
 If yes, provide the date (months and year), who performed the testing/diagnosing/treatment and what was the outcome:  
 \_\_\_\_\_  
 Please list any allergies:  
 \_\_\_\_\_  
 If None, please write None.

Participant Signature \_\_\_\_\_ Date: \_\_\_\_\_  
(regardless of age):

Participant, \_\_\_\_\_, has my permission to participate in training, competition, events, activities and travel sponsored by USA Volleyball or any of its Regional Volleyball Associations (RVAs). I approve of 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 above. I understand and agree that this document will be kept in the possession of authorized adult team personnel and that reasonable care will be used to keep this information confidential. I agree to allow the authorized adult team personnel to release this information in the event of a medical emergency to a third party medical provider. I also certify to the best of my knowledge that the participant named hereon is physically fit to engage in the activities described above.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

If, during the course of my daughter's/son's activities in volleyball, she/he should become ill or sustain an injury, I hereby **authorize** you to obtain emergency medical/dental care. I will assume financial responsibility for the bills incurred through my insurance company.  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Parent/Guardian

or  
**I do not authorize** emergency medical/dental care for my daughter/son.  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Parent/Guardian