

IPV Event Registration & Waiver Form

Participant Information:

Athletes Name: _____ Parent Name: _____

Address: _____ City _____ Zip _____

Phone: _____ Parent Cell or Emergency Contact: _____

Email Address: _____ @ _____

School: _____ Grade in fall: ____ B-day: _____

Height: _____ Hand: _____ Preferred Position (S/OH/MH/Ds...) _____

VB Experience: _____

Type of Clinic/Lessons (Private/Hitters Club...) _____

Amount Due: _____ Check #: _____ Date Paid: _____

Waiver:

I grant permission for clinic/lesson photos (including my daughter) to be posted on the Illinois Performance Volleyball, Inc. (www.ipvbc.com), or IPV Social Media sites.

I grant Illinois Performance Volleyball, Inc. (IPV) permission to contact me about future clinics, lessons, volleyball programs and tryouts.

I hereby grant permission for my daughter _____, to attend clinics/lessons offered by Illinois Performance Volleyball, Inc. My daughter has no medical condition that would interfere with her participation in the clinic. I release the clinic/lesson instructors, clinic/lesson facility and all staff from any liability from injuries which may occur.

Parent Signature: _____ Date: _____

If, during the course of my daughter's/son's activities in volleyball, she should become ill or sustain an injury, I **do** authorize the Illinois Performance Volleyball, Inc. staff to obtain emergency medical/dental care. I will assume financial responsibility for the bills incurred through my insurance company.

OR

Parent Signature: _____ Date: _____

I **do not** authorize emergency medical/dental care for my daughter/son.

Parent Signature: _____ Date: _____