

Fort Wayne Volleyball Club - 2012

FWVBC Training Center

5335 Bass Road

(behind the Pointe Church)

- \$25 - 18/17/16/15/14/13
Tryout fee (non-refundable)
- \$80 - 10/9/8 City Program
Registration/uniform.
 - + \$25 tryout fee for travel team
10 age division (optional)
- \$120 - 12/11 City Program
Registration/uniform.
 - + \$25 tryout fee for travel team
12/11 age division (optional)

Cash \$ _____

OR

Check # _____

Payable to: Ft Wayne VBC

Player Name (print)

Parent(s) Name (print)

Mailing address _____

Zip code _____

Home phone _____

Player Birthdate: (sample 06/15/09) ____/____/____

Parent cell _____

Player Height: ____ ft ____ in

Player Email Address

Parent Email Address

Note: Please be careful when printing the number "0" and the letter "o" AND the number "1" and the letter "l"

Club Level: Note: this based on birthdate NOT current age. Please review age level guidelines before checking box.

- 18 17 16 15 14 13 12 11 10 9 8 7

Current school grade: 1 2 3 4 5 6 7 8 9 10 11 12 School: _____

Position (high school): setter middle outside defensive specialist

Position (middle school): setter hitter all

Years you have played for the Fort Wayne VBC (circle): new 1 2 3 4 5+

Previous volleyball club team experience (other than Ft Wayne VBC): _____

High School Activities you participate in: gymnastics basketball track softball show choir

Other Club Sports you participate in during the winter/spring/summer: _____

How did you find out about the Fort Wayne VBC (for new players): _____

T-shirt size: youth medium youth large adult small adult medium adult large adult x-large

Biker size: x-small small medium large x-large



I certify the above information is correct -

Parent signature

Month / Day / Year

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Player Last Name _____ First Name _____

Please check all boxes that represent teams you would like to play on -

Elite Level: "Fort Wayne Force 181" AND "Fort Wayne Rangers 181"

Teams comprised of 10-12 players each from the 18/17 age divisions. Players selected for this team have no outside or school conflicts (except for high school sanctioned basketball teams). A high skill level and the desire to play at the college level is required. This level is established to cater to the athlete that wants to train, develop, and play a committed season with athletes around them that share the same goals. The team practices 3 days a week and plays a very competitive tournament schedule in and out of Indiana. Missing practice or tournaments is not allowed except for unusual extenuating circumstances.

National Level: 18/17/16/15/14/13/12/11 Blue and Black Teams (in each age division)

These team are comprised of 9-10 players who are in the above age divisions. Our highest level teams. Comprised of players who are both multi-sport high school athletes and those that are not. It is understood and accepted that some of the players will miss practice and tournaments due to commitments to their high school teams. The club makes every effort to minimize these conflicts when we schedule tournaments throughout the season. In fairness to the other players on their team, multi-sport HS players must work very hard to maintain a high level of commitment. These teams will compete at the JVA National Championship in June at the end of the club season, practice 3 times per week (18-15), and compete 1-2 times per month. Players on these teams

Select Level: 17/16/15/14/13/12/11 division levels

These team are comprised of 9-10 players who are in the above age divisions. Season runs from January through May. Coaches and players expect to have players miss some practice and tournaments due to conflicts with HS sports. The 5 month season is for athletes that are not ready to make the 6 month commitment to volleyball. These players often participate in school sports during the winter and spring. Teams will play 5-7 tournaments in and around the tri-state area during the season and practice twice a week. Players accept the possibility of being moved at any time during the season to a higher or lower team based on performance, hard work, availability, and attitude.

City Level: 12 division AND 11 division levels

These team are comprised of 9-10 players who are in the above age divisions. Season runs from January through May. The City League Teams train twice a week and play in tournaments held at the Ft Wayne Training Center on Bass Road on selected Saturdays each month. The learning environment is very structured with emphasis on skill training in all aspects of the game. Each year players in this program move on to compete on our regional and national level teams.

City Level: 10/9 AND 8/7 division levels

Teams are comprised of 4-5 players who are in the above age divisions. Season runs from January through April. Participants train once a week. There are no weekend events. Players are introduced to basic movement skills along with entry level passing, serving, attacking. 10-division level players who exhibit a strong skill level are permitted to tryout for 11 division level travel team.

FORT WAYNE VOLLEYBALL CLUB
PARTICIPANT RELEASE
OF LIABILITY

READ BEFORE SIGNING

Organization/Club/Team Name _____

Participant Name _____

In consideration of being allowed to participate in any way in the program, related events and activities, I the undersigned, acknowledge, appreciate, and agree that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If however I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS the Fort Wayne Volleyball Club, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event (RELEASEES), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT AND INDUCEMENT.

X

Participant's Signature

Age

Date

FOR PARENTS/GUARDIANS OF PARTICIPANT OF MINOR AGE
(UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liability incidents to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

X

Parent/Guardian Signature

Date

Emergency Phone Number(s)



Medical Release Form – Permission to Treat & Emergency Information

Form must be carried to Fort Wayne VBC (FWVBC) Event, Competition and Practices
This MUST be completed—legibly-and signed in all areas by both the player and his/her
parent or guardian. BY SIGNING THIS FORM THE PARTICIPANT AFFIRMS HAVING READ IT.

Name: _____ E-mail: _____
Address: _____ City: _____ St. _____ Zip: _____
Phone: (____) _____ Fax: _____

Participant _____, has my permission to participate in training, competi-
tion, events, activities and travel sponsored by Fort Wayne Volleyball Club (FWVBC) AS CUSTODIAL PARENT
OR COURT-APPOINTED GUARDIAN OF _____ (“CHILD”).
I DO FOR BOTH OF CHILD’S PARENTS, FOR CHILD AND CHILDS HEIRS AND SUCCESSORS,
RELEASE FWVBC, CORP. AND ANY OF ITS AGENTS OR REPRESENTATIVES (ALL OF THE FOREGOING

Signed: _____ Relationship: _____ Date: _____

AS CUSTODIAL PARENT OR COURT-APPOINTED GUARDIAN OF _____ (“CHILD”).
I DO FOR BOTH OF CHILD’S PARENTS, FOR CHILD AND CHILDS HEIRS AND SUCCESSORS,
RELEASE FWVBC, CORP. AND ANY OF ITS AGENTS OR REPRESENTATIVES (ALL OF THE FOREGOING
COLLECTIVELY “FWVBC.”) FROM ALL CLAIMS ARISING OUT OF OR CONNECTION WITH CHILD’S PARTICI-
PATION IN ANY FWVBC PROGRAM OR TOURNAMENT. I PROVIDE THIS RELEASE BECAUSE I AM MIND-
FUL THAT ATHLETICS, PHYSICAL TRAINING AND COMPETITION CAN BE A DANGEROUS UNDERTAKING
REGARDLESS OF HOW CAREFUL OR PRUDENT ANY PERSON, FIRM OR FACILITY MIGHT BE.

Further, I give permission to FWVBC. To treat Child or arrange for medical care or treatment for child in any situation
deemed reasonably necessary by FWVBC. If circumstances permit, FWVBC shall attempt to communicate first via
telephone with the following emergency contacts for child.

Primary Emergency Contact: _____ Secondary Emergency Contact: _____
(Name and Relationship) (telephone #) (Name and Relationship) (telephone #)

In the event neither emergency contact can be reached or if the urgency of the situation requires immediate at-
tention without prior telephone contact, FWVBC may arrange for medical treatment for the Child at the expense
of the parent or guardian signing this form. Health Insurance, PPO information for child is as follows:

Insurance Company: _____ Policy Number: _____
Address: _____ City: _____ St: _____ Zip: _____
Telephone:(____) _____

In order to seek appropriate medical care of treatment of Child, please disclose the following:
Allergies: _____ (please specify, enter “none”)
Heart disease or other: _____ (please specify, enter “none”)
Any other conditions, symptoms or disability which would or might affect medical care or treatment or participa-
tion in the FWVBC program: _____

Signature (Custodial parent or court appt. guardian) (Date)