



Texas Volleyball Academy

www.texasvolleyballacademy.com

Instruct...Inspire...Enjoy!

2014 Spring Volleyball League

WHEN: Tuesdays beginning May 6th through June 10th *Total of 6 sessions*

TIME: 4th grade division: 6:00-7:30pm 6th grade division: 7:30-9:00pm
5th grade division: 6:00-7:30pm 7th grade division: 7:30-9:00pm

WHERE: Coppell Middle School North (*conveniently located on SE corner of Hwy. 121/Denton Tap*)

WHAT: Our unique formula of 45 minutes of team instruction followed by 45 minutes of match play provides the opportunity for our athletes to implement immediately what they just learned in practice. Each team is assigned an experienced coach.

Please Print Clearly!

Player Name _____

Address _____

City _____, TX **Zip** _____

Date of Birth _____ / _____ / _____

Name of Parent _____

Best Phone _____ / _____ - _____

E-Mail _____

School _____

Grade _____

DEADLINE to REGISTER: April 25th, 2014. It is not uncommon for our leagues to fill before the deadline. Space is limited--please don't wait!

COST: \$130 Uniform t-shirt is included in fee.

Please circle size: YM YL AS AM AL

Amount Enclosed: \$ _____

Tuition is nonrefundable if you are granted a spot.

If you would like to sign up with other players, please list the last name of team members on the back of this form. We recommend 10 players per team. If your roster contains less than 10 players, we reserve the right to add players to your roster.

**Send this completed form and a check made payable to
Texas Volleyball Academy to:
Ronda Cluff
2504 Caprock Cove
Flower Mound, TX 75028**

Waiver of Liability and Hold Harmless Agreement

In consideration for receiving permission to participate in the Texas Volleyball Academy Spring/Summer League and other valuable consideration, I hereby RELEASE, WAIVE, DISCHARGE, and COVENANT NOT TO SUE Texas Volleyball Academy, Coppell ISD, their officers, agents, or employees (herein after referred to as RELEASEES) from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or relating to any loss, damage, or injury, including death, that may be sustained by me, or to any property belonging to me, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES, or otherwise while participating in such activity, or while in, on, or upon the premises where the activity is being conducted or in transportation to and from said premises. To the best of my knowledge, I can fully participate in this activity. I am fully aware of the risks and hazards connected with the activity including but not limited to the risks as noted herein, and I hereby elect to voluntarily participate in said activity, and to enter the above named premises and engage in such activity knowing that the activity may be hazardous to me and my property. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, INCLUDING DEATH, that may be sustained by me, or any loss or damage to property owned by me, as a result of being engaged in such activity, WHETHER CAUSED BY NEGLIGENCE OR RELEASEES or otherwise. I further hereby AGREE TO INDEMNIFY AND HOLD HARMLESS the RELEASEES from any loss, liability, damage or costs, including court costs and attorney's fees, that may incur due to my participation in said activity, WHETHER CAUSED BY NEGLIGENCE OF RELEASEES or otherwise. It is my expressed intent that this Release and Hold Harmless Agreement shall bind the members of my family and spouse (if any), if I am alive, and my heirs, assigns and personal representative, if I am not alive, shall be deemed as a RELEASE, WAIVER, DISCHARGE, AND COVENANT NOT TO SUE the above named RELEASEES. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be constructed in accordance with the laws of the State of Texas. I UNDERSTAND THAT THE PARTIES LISTED ABOVE WILL NOT BE RESPONSIBLE FOR ANY MEDICAL COSTS ASSOCIATED WITH ANY INJURY I MAY SUSTAIN. I further agree to become familiar with the rules and regulations of Texas Volleyball Academy concerning player conduct and not to violate said rules or any directive or instruction made by the person or persons in charge of said programs and that I will further assume the complete risk of any activity done in violation of any rule or directive or instruction. I also understand that I should and am urged by Texas Volleyball Academy to obtain adequate health and accident insurance to cover any personal injury to myself, which may be sustained during the program or the transportation to and from the said program. **IN SIGNING THIS RELEASE, I ACKNOWLEDGE AND REPRESENT THAT** I have read the foregoing Waiver of Liability and Hold Harmless Agreement, understand it and sign it voluntarily as my own free act and deed; no oral representations, statements or inducements, apart from the foregoing written agreement, have been made; I am at least eighteen (18) years of age and fully competent; and I execute the Release for full adequate, and complete consideration fully intending to be bound by the same.

IN WITNESS WHEREOF, I have hereunto set my hand on this _____ day of _____, 2014.

Participant's Signature (required)

Parent or Legal Guardian's Signature
(also required for participants under 18 years of age)

Questions??? Contact us at erin@texasvolleyballacademy.com or ronda@texasvolleyballacademy.com.