

TAMPA UNITED VOLLEYBALL PLAYER INFORMATION SHEET

*This must be filled out **completely** to be offered a roster spot.*

Athlete's Name: _____

Birth Date: ____/____/____ Age: _____ Grade: _____ Actual Age Division: _____

Athlete's Social Security Number: _____

Address: _____

City: _____ Zip: _____

Home Phone: (____) _____ Mobile: (____) _____

Athlete's Email: _____

HS Team: _____ Position _____ Years Played _____ Handed L / R

This will be competed at tryouts

Height: _____ Standing Reach: _____ Jump Touch: _____

Mother's Information:

Mother's Name: _____

Mother's Occupation: _____

Mother's Work Phone: _____

Mother's Cell Phone: _____

Mother's Email: _____

Include in group email lists? YES NO

Father's Information:

Father's Name: _____

Father's Occupation: _____

Father's Work Phone: _____

Father's Cell Phone: _____

Father's Email: _____

Include in group email lists? YES NO

With whom does the athlete reside: Mother / Father / Both

The party that is responsible for payment: Mother / Father / Both

Address to mail statement if different from above:

**Tampa United Volleyball Academy:
2009-2010 Participation and Payment Agreement**

I, the parent/guardian of: _____ have read this Agreement concerning the policies and practices of the Tampa United Volleyball Academy ("The Academy"). I agree, with my daughter having been selected to the team listed below, to let her join The Academy for the 2010 Volleyball Season. In agreeing to this, I understand that she cannot play for any other team in USA or AAU Volleyball without a written release from the Director of Tampa United Volleyball Academy.

I understand that I am responsible for all fees due by the Player. I understand and agree that upon signing this Agreement and paying a deposit of \$500 (deposit subject to FL Region Commitment Rules) , I shall be financially responsible for the entire fee of \$ _____ payable as set out below. I understand that I am responsible for this entire fee once I sign this Agreement and pay the deposit, under any and all circumstances with no exceptions, regardless of whether my daughter plays the entire season, decides to leave The Academy, is dismissed due to conduct violations, or has any other reason to attempt to claim a refund.

I also understand that I am responsible for my daughter's transportation to all practices and tournaments.

I understand that team travel will be dependent upon my daughter maintaining membership on a specific team, which is at the sole discretion of the Directors of The Academy. Promotions and demotions are possible depending upon development of the individual player. I understand that membership in The Academy is limited and others may have been denied a position by my daughter's acceptance.

I understand that equal opportunity to participate will be provided during practices, however, on court time at tournaments is not guaranteed, but is determined by The Academy staff and coaches.

I agree that, if I am on a payment schedule, The Academy is entitled to receive the entire contract balance due as liquidated damages if I am more than 14 days late on any payment due. In this event, if this matter is referred to an attorney and/or collection agency, I agree to pay, over and above my liabilities, reasonable collection fees, attorney fees, and court costs. Venue for all actions under this Agreement shall lie in Hillsborough County, Florida.

I hereby warrant, represent, and agree that my daughter is in good physical health and that she has no disability, impairment, or ailment that prevents her from engaging in active or passive exercise and that she has no condition that would cause such exercise to possibly be detrimental to her health, safety, comfort, or physical condition. The Academy strongly recommends that your daughter consult her own physician before beginning participating in our program.

This agreement is not assignable or transferable without prior approval of Tampa United Volleyball Academy.

This agreement is governed by the laws of the State of Florida and supersedes all prior oral or written representations, or communications and may only be modified or amended by a written supplement signed by the me, another parent or spouse or legal guardian, and an authorized representative of Tampa United Volleyball Academy.

READ, ACKNOWLEDGED, and AGREED TO this _____ day of _____, _____.

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____

Address: _____

City: _____, State: _____, Zip _____

Fee Payable As Follows: \$500 deposit immediately and 1/3 balance charged to credit card on dates TBA.

EVERYONE must have a credit card to be kept on file for payments unless you pay the full tuition when you accept the spot on a team.

(Non-negotiable)

Please circle one Visa / MC / AMEX / DISC

Credit Card # _____

EXP: _____ / _____ ZIP: _____

Waiver/Liability Release

Participant of Tampa United Volleyball Academy, Inc.

Printed Player Name:

I acknowledge that volleyball or any sporting event is an extreme test of a person's physical and mental limits and that my participation in a volleyball event can cause potential death, serious injury, or property damage.

With a full understanding of the potential risks, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE NAMED PERSONS OR ENTITIES listed below or others, and assume full responsibility for my participation. I hereby take the following action for myself, my executors, administrators, heirs, next of kin, successors and assigns:

- a) I WAIVE, RELEASE, AND DISCHARGE from any and all claims or liabilities for death or personal injury or damages of any kind which arise out of or relate to my traveling to and from or my participation in any volleyball event,
- b) I AGREE NOT TO SUE any of the named persons or entities listed below for any of the claims or liabilities that I have waived, released or discharged herein; and
- c) I INDEMNIFY AND HOLD HARMLESS the named persons or entities mentioned below from any claims made or liabilities assessed against them as a result of my actions.

NAMED PERSONS OR ENTITIES: Tampa United Volleyball Academy, Inc. and its Regional Volleyball Associations, tournament directors, sponsors, and the owners, officers, directors, employees, sub-contractors, representatives, and agents of any of the above.

Player's Signature (regardless of age) Date Signed:

If player is under 18 years of age, a parent or guardian must execute, in addition to the foregoing Waiver/Liability Release Form, the following, for and on behalf of the minor. The undersigned parent and natural guardian or legal guardian of the player executes the foregoing Waiver/Liability Release Form for and on behalf of the minor named herein. I hereby bind myself, the minor and all other assigns to the terms of the Waiver/Liability Release Form. I represent that I have legal capacity and authority to act for and on behalf of the minor named herein, and I agree to indemnify and hold harmless the named persons or entities named in the Waiver/Liability Release Form for any claims or liabilities assessed against them as a result of any insufficiency of my legal capacity or authority to act for and on behalf of the minor in the execution of the Waiver/Liability Release Form.

Parent/Guardian's Signature Date Signed:

Printed Name of Parent/Guardian