



One Time Equipment Fee	\$65
Yearly Insurance*	\$22
Monthly Donation	\$40
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Check payable to HJVB	\$127

PLAYER INFORMATION SHEET

NAME: _____ HOME PHONE: _____
ADDRESS: _____ T-SHIRT SIZE: _____
CITY, STATE, ZIP: _____ SCHOOL: _____ GRADE _____
MOTHER: _____ WORK PHONE: _____ CELL: _____
FATHER: _____ WORK PHONE: _____ CELL: _____
SEX: _____ HEIGHT: _____ AGE: _____ SEX: _____ HEIGHT: _____ AGE: _____
EMAIL: _____ ALTERNATE EMAIL: _____

EMERGENCY RELEASE SECTION

IN THE EVENT MY CHILD REQUIRES MEDICAL CARE AND TREATMENT, ATHLETIC TRAINER SERVICES, EMERGENCY SERVICES OR TRANSPORTATION DURING A HAWAII JR. VOLLEYBALL CLUB PRACTICE, CLINIC OR SPONSORED EVENT, I GIVE MY PERMISSION FOR THE PERSONS IN CHARGE TO SEEK MEDICAL ATTENTION. I CERTIFY TO THE BEST OF MY KNOWLEDGE THAT MY CHILD IS PHYSICALLY FIT TO ENGAGE IN THESE EVENTS.

IN CASE OF EMERGENCY: (OTHER THAN PARENTS)

NAME: _____

ADDRESS: _____ PHONE: _____

PARTICIPANT'S HEALTH INSURANCE COMPANY: _____ POLICY NUMBER: _____

DOES POLICY COVER SPORT-RELATED ACCIDENTS? _____

INDICATE ANY MEDICATION (DRUG, DOSAGE, FREQUENCY) YOUR CHILD MAY BRING OR USE AT A HAWAII JUNIOR VOLLEYBALL EVENT:

ALLERGIES TO MEDICATIONS: _____ DATE OF LAST TETANUS SHOT: _____

PLEASE ELABORATE ON ANY MEDICAL CONDITIONS WE SHOULD BE AWARE OF, INCLUDING ANY INJURIES:

RELEASE OF LIABILITY/ACKNOWLEDGEMENT OF RISK SECTION

UPON ENTERING EVENTS SPONSORED BY HAWAII JR. VOLLEYBALL CLUB AND OR ITS MEMBER REGIONS/ORGANIZATIONS, I/WE AGREE TO ABIDE BY THE RULES OF THE USA VASC CURRENTLY PUBLISHED. I/WE UNDERSTAND AND APPRECIATE THAT PARTICIPATION IN OR OBSERVATION OF THE SPORT CONSTITUTES A RISK TO ME/US OF SERIOUS INJURY, INCLUDING PERMANENT PARALYSIS OR DEATH. I/WE VOLUNTARILY AND KNOWINGLY RECOGNIZE, ACCEPT, AND ASSUME THIS RISK AND RELEASE OF THE HAWAII JR. VOLLEYBALL CLUB, ITS AFFILIATES, SPONSORS, EVENT ORGANIZERS, AND OFFICIALS FROM ANY LIABILITY THEREFORE.

Signature

Date

Please Print Name

FINANCIAL AND OTHER CONSIDERATIONS

Hawaii Jr. Volleyball Club, Inc. is a 501(c)(3) non-profit corporation. All expenses, such as gym rent, equipment (balls, carts, accessories), and administration (office supplies, postage, taxes, etc.) are paid from donations by its members.

Format: Clinics will include individual skills and team sessions.

An initial fee of \$87 is charged to cover a \$22 insurance cost per person by the Youth National Sports Association (NAYS) and a one-time \$65 equipment fee. The equipment fee essentially covers ball replacement from year to year plus carts, trampolines, and other equipment. The \$22 insurance fee is an annual cost renewable each January. Cost will be prorated for those who join in later months.

Donations: Donations are mandatory - \$40 per month. Donations should be made the first week of each month or can be paid in advance. Checks should be made to Hawaii Jr. Volleyball Club (HJVB). A receipt will be available for cash payments. The full amount of donations may be tax deductible since there is no basis to determine a dollar value for this clinic. Please consult with your tax preparer regarding the deduction. Our federal non-profit identification number is 99-0311093.

Attendance: Attendance will be taken for each session. There will be no attendance requirement until the total number of participants reaches 90. At this time, we will ask that participants not miss more than two sessions in any month or two sessions per month in no more than two consecutive months. Exceptions to this requirement will be made for special circumstances approved in advance by the clinic director, Jon Stanley. Please be sure that your child signs in.

Volunteers: Parents waiting for their children will be encouraged to participate in assisting the clinicians in working with the participants. Exercises will be simple enough for adults to assist even though they have no volleyball playing experience. Volunteers may also be needed to help with paperwork for new participants each week and/or other administrative tasks.

SIGNED ACKNOWLEDGEMENT WITH INFORMATION SHEET

I have read the above information and accept the terms of participation as stated.

Parent or Guardian Signature

Date

Participant's Name (Please Print)

Print Name of Parent/Guardian