



6TH GRADE 2012 SPRING VOLLEYBALL REGISTRATION FORM

SEASON: March 5 - May 19, 2012
PRACTICES: Monday evenings at C-FC Schools from 5:30-7:30 p.m. from 3/5/12 to 5/17/12; also some Sundays from 6 p.m. to 8 p.m. in April and May 2012
GAMES/TOURNAMENTS: 4 to 5 Saturdays between 4/7/12 and 5/26/12 with exact dates and locations to be determined by the Wisconsin Independent Volleyball League
COST: \$20.00 player fee plus cost of uniform
UNIFORM: Red Pirates jersey; same as last year
REGISTRATION DEADLINE: 2/10/12
QUESTIONS: Contact Kalene Engel at (507) 313-5548 or kalene@engellawoffice.com

DOCUMENTS NEEDED TO REGISTER:

- This completed form on the bottom of this page
- Emergency Info Card (on reverse of this page)
- WIVL Waiver (attached)
- Check for \$20 player fee made payable to Pirate Volleyball

IMPORTANT NOTE: This program is a competitive program with playing time, teams and positions based upon skill, attendance, effort and attitude. Equal playing time is **NOT** guaranteed. Girls in 6th grade who want guaranteed equal playing time in a developmental league have the option of playing in the Winona YMCA League. Registration for this league is handled directly through the YMCA at www.winonaymca.org or by calling 454-1520.

6TH GRADE SPRING 2012 VOLLEYBALL REGISTRATION FORM

Child's Name: _____

Mother's Cell: _____

Address: _____

Father's Cell: _____

Grade: 6 Age: _____ DOB: _____

Emergency Contact Name: _____

Parents' Names: _____

Emergency Contact Number: _____

Mother's E-mail: _____

___ My daughter needs a red Pirate VB jersey
Size _____ Number desired (if available) _____

Father's E-mail: _____

Name on back of shirt: _____

Home Phone: _____

Fee for jersey will be determined later based on # ordered.

Parent Signature: _____

RETURN THIS FORM (front and back) BY FEBRUARY 10, 2012 along with () WIVL Waiver and () Check for \$20 made payable to Pirate Volleyball to Kalene Engel, W823 Engel Road, Fountain City, WI 54629.

EMERGENCY INFO CARD	
Sport: Pirate Youth Volleyball – Grade 6	
Player Name:	Birth date:
Parent(s) Name:	Home Tel:
Mothers Cell:	Fathers Cell:
Parents Home Address:	
Note Health Concerns: (continue on back as necessary)	
TREATMENT CONSENT	
<p>(CIRCLE ONE) I DO I DO NOT</p> <p>I hereby grant permission to the coaching staff, attending physician and those professional personnel designated by him (them) to treat my son/daughter.</p> <p>This permission includes prevention, care and rehabilitation of athletic injury, illness, emergency first aid, securing emergency transportation, emergency surgery, and the admission to a hospital and the administration of medicine, etc. as deemed necessary by the attending physician & his/her designee.</p>	
SIGNATURE:	DATE:
CONSENT TO PARTICIPATE & RELEASE OF LIABILITY	
<p>(CIRCLE ONE) I DO I DO NOT</p> <p>wish to register my minor child named on this form and consent to my child's participation in the events/activities named at the top. I recognize that participation, even when well supervised and managed, pose a risk of physical injury to my child and I agree to assume such a risk on behalf of my child. I consent to the transporting of my child if the need should arise. I consent to the use of photographs &/or video of my child's participation for promotion & publication. I certify that my child has no medical condition or impairment, including the use of medication, which might inhibit his/her participation. RELEASE OF LIABILITY I, the undersigned, hereby agree to indemnify and hold the organizers & administrators of the program harmless from liability for any and all medical and/or accident expenses which my minor child may incur during his/her involvement in these related activities. I hereby certify that my child is provided coverage for all injury related expenses via personal health and accident insurance in effect which is sufficient to cover any and all of the expenses over & above what I pay out of pocket (deductible). I agree to cover 100% of costs if the insurance coverage lapses in any way.</p>	
SIGNATURE:	DATE:
Health Insurance Company:	
Policy #	

NOTE: Original, signed waivers must be sent via USPS by each coach/volleyball association (not individually, by parents) to: WIVL, PO Box 506, Hudson WI 54016

**CONSENT FOR MEDICAL TREATMENT AND
VOLUNTARY RELEASE, ACKNOWLEDGMENT AND ACCEPTANCE
OF RISKS AND INDEMNITY AGREEMENT**

For: _____ (“Participant”)

I, the undersigned parent or legal guardian of the above named Participant, who is under 18 years of age, in consideration of the right to engage in this activity as a participant or spectator in athletic contests and related practices and activities (the “Activities”), sponsored by The Great Northwest Basketball League, Ltd., Wisconsin State Invitational Championship Tournament, High School Elite Invitational Tournament, Wisconsin Independent Volleyball League and Youth and Recreation Event Planning, Inc., hereby acknowledge, agree, promise and covenant with The Great Northwest Basketball League, Ltd., Wisconsin State Invitational Championship Tournament, High School Elite Invitational Tournament, Wisconsin Independent Volleyball League and Youth and Recreation Event Planning, Inc., its employees, independent contractors, successors in interest and assignees, the associations, coaches, teams, individuals or schools sponsoring or hosting meets, tournaments and other events, the owner and manager of facilities used, and all of their agents, volunteers, employees and promoters, other participants, officials, and advertisers (hereinafter collectively referred to as “Sponsors”), and on behalf of myself, the Participant, our heirs, assigns, personal representatives and estate as follows:

CONSENT TO PARTICIPATE

I CONSENT to the Participant’s voluntary participation in the Activities. I give permission for the Participant to engage in activities that include but are in no way limited to playing or watching basketball games and volleyball matches, participating in related practices, and traveling to and from the sites where athletic events organized by the Sponsors are held.

ACKNOWLEDGMENT AND ACCEPTANCE OF RISKS AND RESPONSIBILITIES

I UNDERSTAND AND ACKNOWLEDGE that the Activities bear certain anticipated and unanticipated risks which could result in **INJURY, DEATH, ILLNESS, DISEASE, OR PHYSICAL OR MENTAL DAMAGE** to the Participant, property, spectators or Sponsors, or claims against me by spectators or third parties. I expressly agree to accept and assume all responsibility and risks arising from the Participant’s participation in the Activities. The Participant’s participation in this activity is purely voluntary; no one is forcing the Participant to participate in spite of the known and unknown risks.

RELEASE

I VOLUNTARILY RELEASE AND FOREVER DISCHARGE AND COVENANT NOT TO SUE the Sponsors and all other persons or entities affiliated with them, from any and all liability, claims, demands, actions or right of action, which are related to, arise out of or are in any way connected with the Participant’s participation in the Activities, including but not specifically limited to any and all negligence, fault or strict liability of Sponsors, and all other persons or entities, for any and all injury, death, illness or disease, and damage to the Participant or to any property.

I AGREE, PROMISE AND COVENANT TO HOLD HARMLESS AND TO INDEMNIFY the Sponsors and all other persons or entities affiliated with them from all defense costs, including attorney’s fees, or from any other costs incurred in connection with claims for bodily injury or property damage which the Participant may negligently or intentionally cause to spectators or third parties in the course of the Participant’s participation in the Activities.

ACKNOWLEDGMENT OF EFFECT OF THIS RELEASE AGREEMENT

I UNDERSTAND AND ACKNOWLEDGE that by signing this document I have given up certain legal rights and/or possible claims which I might otherwise assert or maintain against Sponsors and other persons or entities, including specifically, but not limited to, rights arising from or claims for the acts or omissions, fault, negligence in any degree of Sponsors, its agents or employees, and all other persons or entities.

I UNDERSTAND AND ACKNOWLEDGE that the terms herein are contractual and not a mere recital, and that I have signed this document of my own free act.

**PARTICIPANT INSURANCE BENEFITS AND REPRESENTATION
OF PHYSICAL CONDITIONS**

I UNDERSTAND AND ACKNOWLEDGE that no medical insurance benefits will be provided to the Participant during the Activities. I CERTIFY that the Participant has sufficient health, accident and personal liability insurance to cover any bodily injury, property damage or disablement which I may incur and to cover bodily injury or property damage caused to a third party as a result of the Participant's participation in the Activities. If the Participant has no such insurance, I certify that I am capable of personally paying for any and all such expenses or liability.

I FURTHER ACKNOWLEDGE that the Participant is in good physical and mental health, and not suffering from any condition, disease or disablement which would or could potentially affect participation in the Activities.

CONSENT FOR MEDICAL TREATMENT

I HEREBY give my consent for emergency medical care provided by a Doctor of Medicine, Doctor of Dentistry or other medical or urgent care personnel. This care may be given under whatever conditions are considered necessary to preserve the life, limb or well-being of Participant.

AGREEMENT

I UNDERSTAND that this is the entire Agreement between the undersigned and Sponsor, its agents and employees, and that it cannot be modified or changed in any way by the representations or statements of Sponsors or any volunteer, employee or agent of Sponsors, or by the undersigned. This Agreement shall remain in full force and effect until specifically revoked prospectively; to be effective, such revocation must be in writing and delivered to Youth and Recreation Event Planning, Inc., PO Box 506, Hudson WI 54016, fax (715-386-4319), phone (715-386-4317).

MY SIGNATURE BELOW, INDICATES THAT I HAVE READ THIS ENTIRE DOCUMENT, UNDERSTAND IT COMPLETELY, AND AGREE TO BE BOUND BY ITS TERMS.

PARTICIPANT NAME: _____ PARTICIPANT'S DATE OF BIRTH (MM/DD/YY): _____

TEAM/COMMUNITY FOR WHICH PARTICIPANT PLAYS: _____

SIGNATURE OF PARENT OR LEGAL GUARDIAN: _____

DATE SIGNED: _____ HOME PHONE NUMBER: _____

PRINT PARENT/GUARDIAN NAME: _____

ADDRESS: _____

CONTACT: (Someone to contact in case of injury, other than the parent or guardian signing this document.)

Full Name (first and last): _____

Phone: _____ Relationship: _____

Address: _____