

Registration Checklist

(Due at first practice)

- Registration Form
- Athletic Waiver & Release of Liability
- Concussion Information Sheet (attached) ¹
- Pre-participation Physical Evaluation (attached) ^{2,3,4}
- Copy of Insurance Card
- Athletic Fees ⁵

1. I only need page 3. The other pages are for your information.

2. Page 2 is only required if the athlete has special needs or a disability.

3. Page 5 is worded with a school-sponsored program in mind, and some verbiage does not strictly apply to the Wilmington Eagles program; however, this document serves as authorization for me to maintain personal health records for each athlete. Please enter "Wilmington Eagles" on the space provided for the school name, and use my name and address as the "principal" (i.e. Ryan Ederer, 897 Shady Ln, Beavercreek, OH 45434).

4. Page 6 contains some statements which do not apply to Wilmington Eagles. Please **strike-out** and **initial** major bullets 1, 2, 8, 9, and 10 (e.g. ~~Offending text~~ ^{PRE}).

5. Checks can be made out to "Ryan Ederer."

2016 Wilmington Eagles Volleyball Registration Form

Player Name _____ Grade _____

Dad's Cell # _____ Mom's Cell # _____

Email Address _____

Athletic Fees: \$225 due by first practice; additionally, players will be required to purchase a uniform.

Athletic Physical: All players must have a current physical before the first practice.

Player / Parent Contract

I will represent Christ, my family, school, church and community in a manner that is consistent with Christian values and ethics both on and off the court.

I will commit to being faithful in participating in scheduled practices and games during the season.

I will respect the authority of the coaches, coaching staff, referees, line-judges, and scorekeepers.

I will treat the members of my team (athletes and parents) and the members of my opponent's team with respect.

I understand that this is a competitive program and I may not get equal playing time.

I understand that situations of interpersonal conflict may arise during the season. With respect, I will attempt to reconcile with the person(s) in a manner consistent with biblical teaching. If I am unable to resolve the situation, or if the situation affects the team atmosphere, I will ensure the conflict is brought to the attention of a coach.

I understand that the Head Coach is the final arbiter and authority for decisions related to the Wilmington Eagles volleyball program.

Player Signature: _____ Date: _____

Parent name: _____

Parent Signature: _____ Date: _____

Please read carefully and sign below to indicate your agreement. Note: this form includes a release of liability.

Student's Name: _____

Authorization and Release of Liability

I, the parent or guardian of the above named child, authorized the participation of my child in the Wilmington Eagles volleyball athletic program (the "program"). I understand that my child's participation is voluntary. I understand that the Program is conducted by the Head Coach, additional staff, and volunteers, possibly including parents of other participating children. I also understand that the Head Coach is solely responsible for all aspects of the Program including selection and supervision of all persons conducting the Program. I further understand and agree that my child's participation in athletic and other activities of the Program necessarily involves the risk of injury and even death from various causes, including but not limited to accidents, falls strenuous and prolonged physical activity, dehydration, illness, collision or dispute with other participants, weather related injuries, playing area and equipment defects, and negligence of coaches and referees. On behalf of my child, me and my family, I assume these risks. In consideration of the privilege of my child's participation in the Program, and on behalf of my child and me as parent/guardian, I hereby release, discharge, hold harmless and indemnify, and covenant not to sue, the Wilmington Eagles coaches, volunteers, insurers, agents and representatives, and all other persons associated with the Program (including without limitation any other participating churches, sponsors, parents, vendors, coaches and other game and event workers, officials, drivers, and organizations) as to any and all claims of my child, me and other family members for person injuries suffered by my child, property damage, medical expenses, and economic loss arising directly or indirectly out of my child's participation in the Program, and any first aid, medical care or treatment provided to my child in the event my child is injured or becomes ill while participation in Program activities, and excepting claims that may not be released under applicable law. This Release of Liability shall be as broadly construed as allowed by law to include all claims and rights that the child, that I as parent/guardian, and that other family members may have. I am a legally responsible parent or guardian of my child. If any provision of this of Liability is deemed invalid, the remaining provisions shall remain in full force and effect. This Release of Liability shall be binding on me, my family, heirs, next of kin, legal representatives, beneficiaries, successors and assigns. I acknowledge and consent that registration will allow the Wilmington Eagles to obtain access to personal information regarding me and my child participant from the sport registration form. I agree that the Wilmington Eagles may use such personal information in a manner consistent with the Wilmington Eagle's sports Program.

Participation and Safety

I understand that participation in the Program may involve strenuous and prolonged physical activity. I agree that my child is healthy and able to participate in the Program activities. I understand that the Wilmington Eagles or its representatives requires a sport's physical and that the sport's physical must be on file before the child may practice or play. If the Wilmington Eagles determines that my child does have a physical, mental or other condition that may affect his/her ability to safely and appropriately participate in Program activities (or that may affect the ability of other children to participate safely), the Wilmington Eagles may determine that my child cannot be permitted to participate. I understand and agree that while the Wilmington Eagles desired that all children will be able to participate, such decisions may have to be made out of concern for the best interests of my child and other participants.

Consent to Medical Treatment

In the event my child is injured or becomes ill in Program activities, and if I, the parent or guardian of the above-named child, am not present to make medical decisions, I hereby authorize the Wilmington Eagles, its staff, volunteers including volunteer parent participants, coaches, assistant coaches, and referees, supervisors and drivers, to arrange for and consent on my behalf to emergency medical and dental care and treatment, including tests and radiological exams, and surgery, and hospital care and treatment, and to consent to medications for pain and other conditions as prescribed my medical personnel attending my child. I am responsible for payment of any medical charges or expenses not covered by my insurance or the insurance applicable to my child (if any). My signature below indicates that all information provided in this form is true and accurate, and that I fully agree to all statements made on the form, including but not limited to the Authorization and Release of Liability, Participation and Safety, and Consent to Medical Treatment. My signature also indicates that all legal guardians are aware and consensual with the participation of the above-named child.

I have read and agree to the above three paragraphs.

Signature: _____ Relationship to student: _____

Printed name: _____ Date: _____