



Ken Li – President & Boys Coordinator – 604-790-0099

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http://www.apexvolleyball.com/

PARENT CONSENT AND ATHLETE WAIVER FORM

PLEASE READ CAREFULLY

The Apex Volleyball Club is a member of the Volleyball BC Youth Indoor Volleyball League, and its athletes are full members of Volleyball BC, the governing body of all club athletic competition. In order to participate in club athletics, the team must meet its obligations as specified by Volleyball BC. In turn, each athlete who wishes to play on the club team must be prepared to make certain commitments to the club team and league.

ATHLETIC AGREEMENT

Before an athlete joins a team, he/she should be aware that he/she will be expected to:

- 1) meet normal requirements of physical fitness for the sport
- 2) attend all games, practices, and meetings as arranged by the coach. The coach must be advised of absences due to illness or unforeseen circumstances
- 3) remain with the team for the full season
- 4) maintain or improve their level of academics and citizenship in school
- 5) at all times behave in a sportsmanlike manner towards teammates, competitors, coaches, officials, and spectators
- 6) care for and return in good condition, excepting normal wear, any uniforms and equipment taken on loan, or make payment for replacement, if applicable
- 7) be responsible for transportation to and from games, practices, and other club related activities
- 8) be aware that sport participation **involves the risk of injury**
- 9) be aware that for any reason should an athlete be no longer able to participate during club events during the course of the season including and not limited to personal reasons or injury, the athlete **will not be refunded** his/her athletic expenses

An athlete is officially registered for the club team when the signed consent form below is accepted by the coach together with the club fee.

I have read thoroughly and agree to the club’s policies and expectations as listed above and in the club handout (online) and am fully aware that involvement in club sport **involves the risk of injury**. I believe my son/daughter to be physically fit to take part in league competition and hereby agree to his/her participation in the sport indicated according to the club’s expectations as listed above and in the club handout (online).

Parent(s)/Legal Guardian Name (please print)

Parent(s)/Legal Guardian (please sign)

Date

In registering for the club indicated, I understand and agree to abide by the expectations listed above and in the club handout.

Athlete Name (please print)

Athlete Signature (please sign)

Date



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PLEASE READ CAREFULLY – MEDICAL DISCLAIMER

It is not the responsibility nor the intentions of the club, coach, or club organizers to administer any medical drugs or prescriptions (including ibuprofen, and acetaminophen) as it pertains to your child for the important reason that the club personnel are not medically qualified for such actions. Therefore, it is the responsibility of the parents/legal guardians and the athletes themselves to ensure that they are taking the appropriate amounts and types of medical drugs or prescriptions (should it be applicable and required of the athlete by his/her family doctor) which will allow for safe participation during club events.

Please note that the club coaches are **at most** trained in **basic first aid** and **basic first aid** will be the **only** intervention performed by the coach should an accident/emergency occur involving an athlete. All accidents/emergencies requiring assistance beyond **basic first aid** will be taken care of by qualified medical personnel and emergency response teams as contacted by club organizers. In cases requiring assistance beyond **basic first aid**, the parent/legal guardian of the athlete will be contacted immediately.

I have read thoroughly and agree to the above disclaimer and have filled out the medical history form honestly and to the best of my abilities as it pertains to my child.

Parent(s)/Legal Guardian (please print)

Parent(s)/Legal Guardian (please sign)

Date

I have read thoroughly and agree to the above disclaimer and believe that the medical information provided is complete according to my knowledge and to the best of my abilities.

Athlete Name (please print)

Athlete Signature (please sign)

Date



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PHOTO RELEASE FORM

The Apex Volleyball Club will be taking pictures during the course of the upcoming volleyball season. By signing, you are allowing the Apex Volleyball Club to publish photos to help promote the club on and not including the club website, brochures, flyers, and handouts. Pictures taken will only be used with the consent of the Athlete and Parent(s)/Legal Guardian.

Parent(s)/Legal Guardian (please print)

Parent(s)/Legal Guardian (please sign)

Date

I have read thoroughly and agree to the above disclaimer and I hereby allow any photos taken to be published accordingly.

Athlete Name (please print)

Athlete Signature (please sign)

Date