

**Arkansas Junior Olympic Volleyball**  
**Player/Parent Agreement-Emergency Release Form**

\$100 Registration Fee Paid \_\_\_\_\_

**Player Name** (please print) \_\_\_\_\_ **Age** \_\_\_\_\_ **Grade** \_\_\_\_\_

We, the undersigned, as parents or guardian of the above-named player, agree to allow our daughter to participate in the Arkansas Junior Olympic Volleyball Program under the supervision and control of Joe Williams and other individuals as he may designate. We understand that Joe Williams, other coaches and the Jonesboro YMCA are not undertaking any liability whatsoever for any accidents or injuries incurred or sustained while participating in volleyball activities or travel. We understand and agree that the sport of volleyball and the training thereof is an activity of a physically strenuous nature and certify that the above-named player is in adequate physical condition for this training and that we are unaware of any physical or mental problems that should prevent her active participation strenuous or stressful activities. We also understand that injuries are commonplace in any physical activity and recognize that certain risks exist in allowing the above-named player to participate in the program. We understand no primary accident insurance has been obtained for the purpose of the payment of medical expenses in the event of an injury and agree to pay any medical expenses incurred if our daughter is given medical attention. In the event an injury occurs, we give permission for Joe Williams or designated personnel of the Arkansas Junior Olympic Volleyball program (as evidenced by possession of a copy of this form) to seek immediate medical care on behalf of the above-mentioned player if the situation appears warranted to them and grant permission to medical personnel to treat my child in case of an emergency, even if of a minor nature, for the care and comfort of our daughter. We also understand no additional personal liability will be created by Joe Williams, his designates of the Jonesboro YMCA as a result of their actions or the failure to take such action.

I also agree to fully pay the player dues and fees as presented in registration material on a timely basis. It is understood that such dues are not tax-deductible donations. It is also understood that the Arkansas Junior Olympic Volleyball program is one of membership subject to the discretion of the Club Director and coaching staff. Players who are not selected for team membership and their parents understand that such selection is subjective and agree, in consideration for being allowed to tryout for the team, that no legal efforts or threats will be made by parents or player regarding team membership. We also understand that players may be expelled from the program for subjective reasons such as absences, poor attitude or sportsmanship or if they are deemed to be a disruption to the program by the Club Director.

**Parent/Guardian Sign:** \_\_\_\_\_ **Date** \_\_\_\_\_ **200** \_\_\_\_\_

In addition to the above, I agree to abstain from tobacco, alcohol and non-prescribed drugs while a participant in the Arkansas Junior Olympic Volleyball program. If I violate this pledge, I promise to notify my coach in writing and accept whatever disciplinary action is given, upon agreement from my parents. I understand that if I do not notify my coach of my violation of this agreement, I will be subject to lifetime expulsion from the program.

**Player Sign:** \_\_\_\_\_ **Date** \_\_\_\_\_ **200** \_\_\_\_\_

**PLEASE PRINT**

**Player Name** \_\_\_\_\_ **Current Age** \_\_\_\_\_

**Birthdate** \_\_\_\_\_ **Month** \_\_\_\_\_ **Day** \_\_\_\_\_ **Year** \_\_\_\_\_ **Social Security. #** \_\_\_\_\_

**E-mail:** \_\_\_\_\_ **E-mail #2** \_\_\_\_\_

**Mobile phones: (player)** \_\_\_\_\_ **(Dad)** \_\_\_\_\_ **(Mom)** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ ● **Height** \_\_\_ ft \_\_\_ in. ● **Weight** \_\_\_ lbs. ● **Reach** \_\_\_ **Jump Reach** \_\_\_\_\_

**School** \_\_\_\_\_ **Grade point average last report card** \_\_\_\_\_ \*under 3.0 GPA, request study log.

**Parent's Name (please print)**

\_\_\_\_\_ **Employer** \_\_\_\_\_ **Phone** \_\_\_\_\_

\_\_\_\_\_ **Employer** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Best weekend emergency contact person if parent unavailable** \_\_\_\_\_

**Phone** \_\_\_\_\_