

Sign up forms for K-M Volleyball 2018 Summer Workouts

In order to participate in the KM summer workouts, we require that the contact information below is provided and that the release of liability form on the next page is completed and signed. Once everything is filled out the athlete can bring it to the first workout, or you can scan and email it to vanoorta@umn.edu, or you can mail it to: Adam VanOort, 61328 252nd Ave, Mantorville, MN 55955.

NOTE: The Athlete will NOT be allowed to participate in summer workouts unless the liability form is completed.

Athlete Name: _____ Upcoming Grade: _____

Athlete cell phone: _____

Athlete email: _____

Parent/Guardian 1: _____

Parent/Guardian 1 cell phone: _____

Parent/Guardian 1 email: _____ send email updates? Yes / No (circle one)

Parent/Guardian 2: _____

Parent/Guardian 2 cell phone: _____

Parent/Guardian 2 email: _____ send email updates? Yes / No (circle one)

Emergency Contact person (if parents unavailable): _____

Emergency Contact phone #: _____ cell phone / home phone (circle one)

Please provide complete contact information above. We will use this information to inform you of any schedule changes for the summer workouts, for communications about the upcoming season, and to contact parents in case of an emergency during a workout or training session.

Thanks!

Adam VanOort: vanoorta@umn.edu 612-747-2981

Kasson-Mantorville Varsity Volleyball Coach

Release of Liability

This Release and Waiver of Liability (The Release) is being executed on this date: _____

by _____ (the "ATHLETE"), and by _____ the parent having legal custody and/or the legal guardian of the ATHLETE (the GUARDIAN).

1. ATHLETE and GUARDIAN desire that ATHLETE is allowed to participate in the volleyball training activities being offered, supervised, and led by Yvonne VanOort and Adam VanOort, during the months of June-2018 and July-2018. ATHLETE and GUARDIAN do hereby forever waive, release and discharge Yvonne VanOort, Adam VanOort, any other volunteer coaches or assistants, and all others acting on their behalf from any and all claims or liabilities for injuries or damages to ATHLETE and/or GUARDIAN and/or the property of ATHLETE and/or GUARDIAN, including those caused by negligent act or omission, arising out of or connected with the participation of ATHLETE in any volleyball training related activities, programs or services, or arising out of or connected with the use of any equipment provided by and/or recommended by Yvonne VanOort, Adam VanOort, any other volunteer coaches or assistants, and all others acting on their behalf, at any location, including the home of ATHLETE and/or GUARDIAN,.

(ATHLETE PLEASE INITIAL: _____ GUARDIAN PLEASE INITIAL: _____)

2. ATHLETE and GUARDIAN have been informed of, understand and are aware that all volleyball training related activities, including but not limited to strength, flexibility and aerobic exercise, including the use of any and all related equipment, is a potentially hazardous activity. ATHLETE and GUARDIAN also have been informed of, understand and are aware that fitness activities in general involve a risk of injury, including a remote risk of death or serious disability, and that ATHLETE is voluntarily participating in these activities and using any and all related equipment with full knowledge, understanding and appreciation of the dangers involved. ATHLETE and GUARDIAN hereby agree to expressly assume and accept any and all risks of injury or death.

(ATHLETE PLEASE INITIAL: _____ GUARDIAN PLEASE INITIAL: _____)

3. ATHLETE and GUARDIAN do hereby further declare ATHLETE to be physically sound and suffering from no condition, impairment, disease, infirmity or other illness that would prevent participation in any related activities or use of any and all related equipment. ATHLETE and GUARDIAN do hereby acknowledge that they have been informed of the need for a physician's approval for participation in any volleyball related exercise activities, programs, and use of any and all related equipment. ATHLETE and GUARDIAN also acknowledge that it has been recommended to have a yearly or more frequent physical examination and consultation with a physician to determine if ATHLETE is cleared to participate in any volleyball related physical activities, exercise, and use of any and all related equipment. ATHLETE and GUARDIAN acknowledge that ATHLETE has either had a physical examination and has been given physician's permission to participate or that they have both decided to allow ATHLETE to participate in the exercise activities and programs and to use any related equipment without the approval of a physician and do hereby assume all responsibility for participation in said activities, programs and use of equipment.

(ATHLETE PLEASE INITIAL: _____ GUARDIAN PLEASE INITIAL: _____)

4. ATHLETE and GUARDIAN understand that having Yvonne VanOort, Adam VanOort, any other volunteer coaches or assistants, and all others acting on their behalf offer, supervise and lead these volleyball related activities for ATHLETE does not constitute an acknowledgment, representation or indication of the physiological well-being of ATHLETE or a medical opinion relating thereto.

(ATHLETE PLEASE INITIAL: _____ GUARDIAN PLEASE INITIAL: _____)

ATHLETE printed name: _____

ATHLETE Signature: _____

Date: _____

GUARDIAN printed name: _____

GUARDIAN Signature: _____

Guardian's Legal Relationship to Minor: _____

Date: _____