

TFC Volleyball

www.TFCVolleyball.com

Junior Volleyball Waiver

League/Tournament: _____ Start: _____ - _____

Facilitator: _____ on behalf of TFC Volleyball

Participant's Name: _____ Sex: M F

Date of Birth: _____ (mm/dd/yy) Age: _____

Address: _____ City: _____

Province: _____ Postal Code: _____

Home Number: _____ Cell Number: _____

E-Mail Address: _____

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Emergency Contact: _____ Relationship: _____

Telephone #: (H) _____ (W) _____ (Cell) _____

Parental Consent

I, _____, being the legal guardian of _____, hereby give permission for my child to participate in TFC Volleyball programming. I waive any and all claims against TFC Volleyball, their Directors, Contractors or Agents, as well as, any person(s) who provide may services to the Association. I also release the Association from any loss, damage, injury or expense that myself or my child may suffer or incur as a direct or indirect result of my child's participation in the Association program.

I, the undersigned, understand and agree to the terms of this waiver.

Signature of Legal Guardian

Relationship