

# 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: \_\_\_\_\_

.....  
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