



NKYVC Eligibility/Insurance/Medical Information & Waiver Form

To participate in lessons, **this form and payment must be received.** Payment should be by check payable to NKYVC and given to the coach at the time of the lesson.

PLAYER'S NAME: _____ **AGE:** _____ **GRADE:** _____ **BIRTHDATE:** _____

PRIMARY TELEPHONE NUMBER: _____ **EMAIL ADDRESS:** _____

ELIGIBILITY AND COMPLIANCE WAIVER

I, the undersigned, understand it is solely my responsibility to familiarize myself with my State Eligibility and Compliance Guidelines governing Grade School & High School volleyball prior to attending any NKYVC event. I understand that neither NKYVC, nor the staff in charge can be held responsible should any eligibility/compliance guidelines be violated.

INSURANCE/MEDICAL INFORMATION AND WAIVER

PARENT/GUARDIAN NAME(S) _____ PHONE _____ IN THE EVENT OF AN
EMERGENCY: IF YOU ARE UNABLE TO CONTACT ME, PLEASE CALL _____
AT THIS NUMBER _____. Physician Name _____ Phone _____.

Please indicate any medical condition(s) and previous injuries: _____

I, the undersigned, do hereby give my permission for my child to participate in ANY current and future registered event with Northern Kentucky-Ohio Volleyball Club (NKYVC). I understand that neither NKYVC or the facility, nor the staff in charge can be held liable for any accident that may occur during the course of this NKYVC sponsored activity.

I also attest to the fact that my child _____ is covered by insurance though
_____ Policy # _____. I understand that financial obligations incurred for medical
services resulting from an injury received by my child while participating in this activity cannot be borne by NKYVC, the facility, its staff
or the adult(s) in charge.

Signature of Parent/Guardian

Date Signed