



**CHICAGO
VOLLEYBALL
ACADEMY**

Visit us at: chicagovolleyballacademy.com

CVA 2020-2021 CLUB SEASON CLINICS FOR AGES 11-18

Both Girls & Boys are welcome
ROUND 6 - March

WE ARE EXCITED TO PLAY! We at CVA are always humbled by the kind words about our program during these most difficult conditions. Thank you to all for the positive feedback. We appreciated the enthusiasm. We will continue with the practice format in March for the 2021 CLUB SEASON. Our next session will start on March 2nd and run 4 consecutive weeks – ending on Tuesday March 30th. Again, we are offering two sessions; "A" - first 1.5 hours for ages 11-13 and "B" - second 1.5 hours for ages 14-18. Each session will meet three times per week for four weeks. All practice sessions will be held at Summit Park District. We will focus on all skills including Serving, Serve Receive, Setting, Hitting, Passing, Blocking and Floor Position and break out into teams. The cost per session (12 clinic days): A - \$235 and B - \$255. (We will NOT hold practice on Saturday March 20th – The Summit Park District is using the facility that day.)

Tuesday 2 sessions (dates – 03/02, 03/09, 03/16, 03/23):

A (11-13 years old) - 6:00 pm - 7:30 pm

B (14-18 years old) - 7:30 pm - 9:00 pm

Thursday 2 sessions (dates - 03/04, 03/11, 03/18, 03/25):

A (11-13 years old) - 6:00 pm - 7:30 pm

B (14-18 years old) - 7:30 pm - 9:00 pm

Saturday 2 sessions (dates - 03/06, 03/13, 03/20 (OFF), 03/27):

A (11-13 years old) - 9:00 am - 10:30 am

B (14-18 years old) - 10:30 am - 12:00 pm

Our sessions will continue to be taught by our elite Coaching staff who will bring their college playing and coaching experience to the clinics. There is a LIMITED NUMBER of spots for each age group. **Sign up before all spots are filled!**

Session(s) you are signing registering for. There are 2 options (depending on age) as follows:

Option "A" (11-13 years old) _____ (\$235)

Option "B" (14-18 years old) _____ (\$255)

Player's Name: _____ Guardian Name: _____

Players DOB: _____ Players Age: _____ T-Shirt Size: _____ Players Gender: M F

Address: _____
Street City Zip

Guardian Phone: _____ Guardian Email: _____

Player Phone: _____ Player Email: _____

*Please only supply if parent/guardian is giving permission to CVA coaches to contact players directly.

Health Insurance Provider: _____

****To register, you need to complete ALL 3 PAGES. You need to scan or photo and return the completed pages via email. You also need to PAY IN FULL to have your spot reserved.** There are 2 additional pages along with this page. There are waivers on page 2 that need to be initialed and there is a page 3 with a COVID-19 release that needs to be signed. Your spot will be reserved upon receipt of FULL PAYMENT and submission of these 3 pages via email to: ChicagoVolleyballAcademy@gmail.com. (There is a link to use a credit card on our website. You can find it by clicking on the Docs-Links-Payment tab. You will find a PayPal or CC link at the end of that section. (Session A is \$235 and Session B is \$255 TOTAL.)



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PLAYER'S FIRST AND LAST NAME; _____

CVA PARTICIPATION WAIVERS

I acknowledge that volleyball or any sporting event is an extreme test of a person's physical and mental limits and that my participation in a volleyball event can cause potential death, serious injury, or property damage. With a full understanding of the potential risks, **I HEREBY ASSUME THE RISKS OF PARTICIPATING OR OFFICIATING IN A VOLLEYBALL EVENT.** I hereby take the following action for myself, my executors, administrators, heirs, next of kin, successors and assigns: a) **I WAIVE, RELEASE, AND DISCHARGE** from any and all claims or liabilities for death or personal injury or damages of any kind, **EXCEPT THAT WHICH IS THE RESULT OF GROSS NEGLIGENCE AND/OR WANTON MISCONDUCT OF PERSONS OR ENTITIES LISTED BELOW,** which arise out of or relate to my traveling to and from or my participation in any volleyball event, **THE FOLLOWING PERSONS OR ENTITIES:** USA Volleyball and its Regional Volleyball Associations, tournament directors, sponsors, and the officers, directors, employees, representatives, and agents of any of the above; b) **I AGREE NOT TO SUE** any of the persons or entities listed above for any of the claims or liabilities that I have waived, released or discharged herein; and c) **I INDEMNIFY AND HOLD HARMLESS** the persons or entities mentioned above from any claims made or liabilities assessed against them as a result of my actions.

In consideration of the rights and privileges granted to me by my membership with the Great Lakes Region (GLR), a USAV Member, by signing this membership form, I certify that

1. I have read and understand the Waiver and Release of Liability;
2. I understand that I have given up substantial rights
3. I (or my parent or legal guardian) am at least eighteen (18) years old;
4. I agree and consent to abide by the Waiver and Release of Liability set forth herein

* _____ I/We have read, understand and agree to comply with the release as outlined above
Initial above

**If applicant is under 18 years of age,
a parent or guardian must execute, in addition to the foregoing Waiver and Release, the following, for and on behalf of the minor.**

The Undersigned parent and natural guardian or legal guardian on the applicant executes the foregoing Waiver and Release for and on behalf of the minor named herein. I hereby bind myself, the minor and all other assigns to the terms of the Waiver and Release. I represent that I have legal capacity and authority to act for and on behalf of the minor named herein, and I agree to indemnify and hold harmless the persons or entities named in the Waiver and Release for any claims or liabilities assessed against them as a result of any insufficiency of my legal capacity or authority to act for and on behalf of the minor in the execution of the Waiver and Release. I have also received the USAV Participant Code of conduct and have reviewed the Code with my child regarding the stipulated conditions and their ramification. I fully consent to my child's participation in GLR/USAV events.

* _____ I/We have read, understand and agree to comply with the Participation Waiver as outlined above.
*Initial above



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PLAYER'S FIRST AND LAST NAME: _____

CHICAGO VOLLEYBALL ACADEMY CORONAVIRUS RELEASE AND HOLD-HARMLESS AGREEMENT

The current worldwide coronavirus (COVID-19) pandemic and associated government-mandated "shelter-in-place", "social distancing", and similar orders in many communities underscore the risks associated for individuals in public areas and in everyday life with contact of other people which includes playing sports.

An inherent risk of exposure to COVID-19 exists in any public place where people are present. I/we understand that personal contact with others, including, but not limited to, sports (playing volleyball) during this COVID-19 outbreak involves a certain degree of risk. COVID-19 is an extremely contagious disease that can lead to severe illness and death. By attending this practice/clinic/tournament you voluntarily assume all risks related to exposure to COVID-19.

After carefully considering the risks involved, and in consideration of the Chicago Volleyball Academy to continue to run practices, clinics, scrimmages or tournaments, I/we hereby release and hold harmless Chicago Volleyball Academy and ANY facility used for practices/clinics/tournaments and the volleyball club client(s), owners, officers, employees, contractors, agents, heirs, assigns, etc.) from any liability of any kind whatsoever, including injury or death claims, arising or allegedly arising out of participation in any activity with the club, regardless of the theory of recovery asserted, including, but not limited to claims based on allegations of negligence. I/we intend this release to be the broadest release allowed by law.

I/We further agree that no other family members will be allowed into the facility during and practice/clinic session until the local laws allow. The exclusive venue for any disputes arising out of this document shall be in the county where Chicago Volleyball Academy has its principal place of business. In any such action, I/we waive trial by jury, and agree that the court must award attorney's fees and costs to the prevailing party.

I/We agree to the terms in this agreement. By signing below, we understand that Chicago Volleyball Academy and the facility will be held harmless.

Name of Player (Print) (Sign) (Date)

Legal Guardian (Print) (Sign) (Date)

***Electronic signatures are allowed!**

(To register, remember to complete ALL 3 PAGES. You need to scan or photo and return all 3 of the completed pages via email. You also need to PAY IN FULL to have your spot reserved.)