



Louisiana Youth Volleyball provides opportunities for ALL participants to gain a strong foundation of fundamental skills of the game of volleyball, along with the promotion & education of the sport. Louisiana Youth Volleyball works in conjunction with the girls of Louisiana Youth Cheerleading.

GOAL: To develop the fundamental skills of volleyball (Serving, Passing, Setting, Hitting, Individual Defense, and Blocking) for all players.

WHO:

Student-Athletes (Female)
Grades: 3rd - 8th

WHEN:

Starting: Tuesday, October 11, 2011
Ending: Tuesday, November 15, 2011

SESSION TIMES:

Tuesdays (6:00pm - 7:15pm)
Six (6) Weeks

WHERE:

Kernan Avenue Gym
333 Kernan Avenue
Baton Rouge LA 70806

COST:

FREE!!! All equipment provided.

REGISTRATION PROCESS:

You will be required to complete the Louisiana Youth Volleyball Registration form. You can complete the Louisiana Youth Volleyball registration form (*found online*) in advance and submit it at your first session. The registration form must be completed by Parent or Legal Guardian.



A Community Program Of



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STUDENT ATHLETE REGISTRATION FORM

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ Emergency Number: _____

DOB (MM/DD/YYYY): _____ / _____ / _____ Male Female

Name of School: _____ Current Grade: _____

Email Address: _____

In return for my child (the "Student Athlete") being allowed to participate in the Louisiana Youth Volleyball programs (the "Program"), I release and agree not to sue the Louisiana Youth Volleyball, its coaches, volunteers, sponsors, and affiliates from all present and future claims that may be made by the Student Athlete or me, my family, estate, heirs, or assigns for property damage, personal injury, or wrongful death arising as a result of the Student Athlete's participation in the Program and caused by the ordinary negligence of the parties listed above, wherever, whenever, or however the same may occur. I understand and agree that those listed above are not responsible for any injury or property damage arising out of the Program, even if caused by their ordinary negligence. I understand that participation in the Program involves certain risks, including, but not limited to, serious injury. I am voluntarily allowing the Student Athlete to participate in the Program with knowledge of the danger involved and agree to accept all risks of such participation. I certify that the Student Athlete is in excellent physical health, and may participate in strenuous and hazardous physical activities, including the Volleyball to be played in the Program. Permission is granted for the Student Athlete to receive emergency medical treatment, if needed. I also agree to indemnify and hold harmless those listed above for all claims arising out of the Student Athlete's participation in the Program and all related activities. I agree to let the parties use the Student Athlete's name and likeness free of charge in any manner and for any purpose without compensation to the Student Athlete or me. I understand that this document is intended to be as broad and inclusive as permitted by the laws of the state of Louisiana and agree that if any portion of this Agreement is invalid, the remainder will continue in full legal force and effect. I am the parent or legal guardian of the Student Athlete. I am of legal age and am freely signing this Agreement. I have read this form and understand that by signing this form, I am giving up legal rights and remedies.

I represent that I am a parent/legal guardian of the child named above and I agree that the terms of this release are binding on the child and me. I also hereby acknowledge that I have read and understand the Program's Membership Policies.

Parent/Legal Guardian Signature: _____ Date _____

FOR LYV USE ONLY: Birth Certificate: <input type="checkbox"/> Photo: <input type="checkbox"/> Report Card: <input type="checkbox"/>
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RELEASE OF LIABILITY FOR MINOR PARTICIPANTS
READ BEFORE SIGNING

IN CONSIDERATION OF _____ my minor child/ward ("Student Athlete"), being allowed to participate in any way in the Louisiana Youth Volleyball program, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury to Student Athlete from the activities involved in these programs is significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. FOR MYSELF, SPOUSE, AND CHILD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for Student Athlete's participation; and,
3. I willingly agree to comply with the program's stated and customary terms and conditions for participation; and,
4. I myself, my spouse, Student Athlete, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE THE other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property incident to Student Athlete's involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
5. I, for myself, my spouse, Student Athlete, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the above Releasees from any and all liabilities incident to my involvement or participation in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

(PARENT/GUARDIAN SIGNATURE)

(PRINT NAME)

Date Signed:

UNDERSTANDING OF RISK

I understand the seriousness of the risks involved in participating in this program, my personal responsibilities for adhering to rules and regulation, and accept them as a participant.

(PARENT/GUARDIAN SIGNATURE)

(PRINT NAME)

Date Signed:

