



Training Champions Volleyball Academy
780 NW 127th Ave.
Miami, Florida 33182
(786) 554 2207

Date: _____

Player Name: _____ Gender: M ___ F ___ Birth Date: _____
 Parent /Guardian Name: _____
 Phone Number: _____

INFORMED CONSENT/INSURANCE NOTICE

CONSET: I/We, the parent/guardian of the registrant, agree that we will abide by the rules of the Training Champions Volleyball Academy (TCVA) and all its affiliated organizations. I/we realize risks are involved in the child’s participation. I/we understand that the risk to my/our child includes a full range of injuries. I/we accept this risk as a condition of my/our child’s participation in the program.

I/we hereby agree not to sue, Training Champions Volleyball Academy, including its owner, managers, and other personnel associated with the academy.

If the player requires medical attention every effort will be made to contact the player's parents, guardians or emergency contacts. In the case of an emergency, the player will be provided immediate emergency medical services prior to informing the parent or guardian. I waive any liability or accountability to Training Champions Volleyball Academy (TCVA) for the quality or cost of medical services provided. My child is in good health and this statement is offered in lieu of a Doctors' health certificate.

I/We, agree that once the practice sessions are over Training Champions Volleyball Academy (TCVA) is not responsible for my child

PAYMENT CONTRACT

Registration Fee (Every February): \$50.00 (includes registration & insurance)

Monthly Fee: \$130.00 **Payment Received: cash, check or zelle**

Uniform: Practice shirt (\$20.00 each) Game shirt (\$30.00 each)

The total monthly payment is required by the beginning of each month (between the 1st -10th of each month). Regardless of whether your child participates in a limited amount of practices or the full session, your responsibility to the Training Champions Volleyball Academy, is for the total monthly fee. Prompt payment is required (Any late payments after the 10th day of the month will be charged an additional 20\$) . All returned checks will be charged a \$39.00 bank fee. Regarding registration fee, If child leaves the academy for 3 months or more they must pay the registration fee again if they return.

We are not responsible for cancellations due to bad weather, holidays or court maintenance.

Parent/Guardian signature _____ Date: _____

