



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

CONSENT: 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.

The Academy has the right to deny service as they see fit.

No refunds.

After 12 am we are not responsible for the child. We are not responsible for cancellations due to bad weather, holidays or court maintenance. If court is wet or it is raining, we do not guarantee ON-COURT activities.

PAYMENT CONTRACT

	Week 1	Week 2	Week 3
Days	6/10--6/13 (4 days)	6/18--6/21 (4 days)	6/24--6/27 (4 days)
Time	8-12 am	8-12 am	8-12 am
Sign under you’re desired plan or plans			

Cost (select desired time): 1 week-\$180 _____ 2 weeks-\$320 _____ 3 weeks-\$440 _____

Payment Methods: cash, check or zelle

Camp shirt-(encouraged but not mandatory) (\$20.00 each)

Age of Child: _____

Parent/Guardian signature _____ Date: _____

