



nevillizms
VOLLEYBALL COACHING

13434 NE 16th Street,
Suite 150
Bellevue, WA 98005

425-679-0900

blneville@comcast.net
nev9@comcast.net

Name _____ Age _____ Date of Birth _____

Address _____ City _____

State _____ Zip _____ Club _____ Position _____

School _____ Year of HS Graduation _____

Parent Name _____ Home Phone _____ Work Phone _____

Cell Phone Parent _____

Email: Player: _____ Email: Parent: _____

LIABILITY WAIVER AGREEMENT

I understand that participation in sports, despite all reasonable precautions implemented, carries a risk of serious injury or death. I accept the risks inherent in volleyball and its environment. Since I may be signing on behalf of a minor, I recognize that I may not release any claims the minor may have. However, I accept full responsibility for all medical expenses and claims incurred as a result of participation in Volleyball Personal Coaching with Nevillizms, Inc. I also agree to release, hold harmless and indemnify Bill Neville, Nevillizms, Inc., their officers, agents, employees and insurers, from any claims brought by the minor for any injury or damage resulting from any cause, including negligence, which arise out of participation in these programs. This release is binding as to any other persons, including family members, heirs, and executors and administrators. This release does not apply to gross negligence or intentional acts.

Signature (Parent if under 18)

Date

CODE OF CONDUCT

Each Participant is expected to: Attend all scheduled instructional sessions, be responsible for his/her own belongings, and follow all rules which preclude the possession of drugs, alcohol and tobacco products, and be attentive and responsive to instruction.

I hereby acknowledge that I will observe all rules as listed and told to me and that in case of non-compliance, I will be subject to immediate dismissal. I further recognize that my parent, guardian or I will be held financially and legally responsible for any damage caused by me to the facilities.

Player Signature

Date

Certification of Health

This **must be** completed – legibly – and signed in all areas by player’s parent or guardian.

Name _____ Birth Date _____ Gender _____

Does your child have a history of, or currently have, any physical limitations that might prevent her from fully participating in this course? _____ yes _____ no

If “Yes,” please specify _____

Is your child currently under professional care for any medical condition? _____ yes _____ no

If “Yes,” please specify _____

Is participant currently taking any medications _____ yes _____ no

If “Yes,” please specify _____

Please list any medical conditions we should be aware of:

Please list any recent injuries/surgeries we should be aware of:

Primary Insurance Co. _____

Primary Group/Policy # _____

Primary Insured _____

Family Physician Name _____ Phone _____

Emergency Contact Name/Phone _____

I certify to the best of my knowledge that my child is physically fit to engage in Volleyball Personal Coaching and that I have no knowledge of any impairment that would limit or preclude her involvement in any activities commonly associated with this type of instructional activity.

I also authorize Bill Neville and Nevillizms, Inc. to act for my child according to their best judgment should she become ill or sustain an injury, thereby requiring them to seek medical treatment.

I will assume financial responsibility for the bills incurred through my insurance company.

Parent or Guardian

Date

I do **not** authorize medical care for my daughter.

Parent or Guardian

Date