

2023-2024 Parental/Media Release Form

Parent Consent

(Parent/Guardian's Signature)	(Date)
and Secondary Medical Insurance for members at all Sanctioned USA Volleybal	ll <u>events)</u>
Club. (Annual Membership in the Carolina Region provides the following to all	members: General Liability Insurance
player's health, medical condition, treatment, rehabilitation, and return to part	ticipation in the East Denver Volleybal
physical therapists, etc.) to discuss and share with the coaches any and all med	lical information pertinent to the
Volleyball Club. I also give my permission for the above-named player's medica	l providers and personnel (doctors,
I hereby give my consent for her to participate in the tryouts, practices, and to	urnaments for East Denver
tryouts, practices, or tournaments. As parent/legal guardian of	
any accidents and my/our personal insurance and/or I will be held responsible	for expenses incurred during
Volleyball Club. I understand the East Denver Volleyball Club does not provide	medical insurance to cover
facilities from any liability in case of an accident while participating in all activit	ies associated with East Denver
I hereby release the East Denver Volleyball Club, its team coaches, Executive Bo	oard, and any and all practice

Media Release

When playing with the East Denver Volleyball Club, pictures and player statistics become an important part of your daughter's profile. We will regularly update our website with pictures of the players and teams that East Denver Volleyball Club, the Carolina Region and others take throughout the season. In order to release individual and team pictures and statistics to the press, other coaches, newspapers, television, radio, or the website, a parent's signature is required to authorize permission to publish this information. Please sign in the space below to authorize release of this information.

(Parent/Guardian's Signature) (Date)

This form must be signed by parent/guardian and turned in at tryouts.