

Please consider me for the National Level Team \_\_\_\_\_

For Staff Use -- Date RX:

Amount:

Club Age:

**Illinois Heat Volleyball Registration & Tryout Form 2011-2012 Season**

**Illinois Heat Registration fee is \$25 to be brought to the tryout. You must also bring proof of USA Volleyball Registration.**

\*Name (first) \_\_\_\_\_ \*(last) \_\_\_\_\_

Address \_\_\_\_\_ \*City \_\_\_\_\_ Zip \_\_\_\_\_

\*Home Phone (        ) \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_

\*School \_\_\_\_\_ Grade \_\_\_\_\_ T-Shirt Size (YM, YL, S, M, L, XL) \_\_\_\_\_

Position(s) \_\_\_\_\_

Previous Clubs/Teams (specify type ex. Club, middle school, etc.) \_\_\_\_\_

\_\_\_\_\_

Reason for leaving previous club \_\_\_\_\_

What are you looking for in Illinois Heat \_\_\_\_\_

How did you hear about Illinois Heat \_\_\_\_\_

Other sports/activities \_\_\_\_\_

\_\_\_\_\_

Injuries/Disabilities/Medical Conditions \_\_\_\_\_

\*Mother's Name \_\_\_\_\_ \*Mother's email \_\_\_\_\_

\*Father's Name \_\_\_\_\_ \*Father's email \_\_\_\_\_

\*Mother's Cell \_\_\_\_\_ \*Father's cell \_\_\_\_\_

Player's Cell \_\_\_\_\_ Player's email \_\_\_\_\_

**Tryouts will be held at: Illinois Heat Volleyball Center, 200 Alder Drive, North Aurora, IL**

\*Items marked will be shared on team roster once teams are chosen.  
By providing your email you agree that you will be receiving emails from Illinois Heat.

**WAIVER FORM  
ILLINOIS HEAT VOLLEYBALL CENTER  
200 ALDER STREET  
NORTH AURORA, IL 60542  
[www.illinoisheat.org](http://www.illinoisheat.org)**

I acknowledge that volleyball or any sporting event is an extreme test of a person's physical and mental limits and that my participation in a volleyball event can cause potential death, serious injury, or property damage.

With a full understanding of the potential risks, I HEREBY ASSUME THE RISKS OF PARTICIPATING IN THE SPORT OF VOLLEYBALL at ILLINOIS HEAT VOLLEYBALL CENTER for the ILLINOIS HEAT VOLLEYBALL PROGRAM.

I hereby take the following action for myself, my executors, administrators, heirs, next of kin, successors and assigns: a) I WAIVE, RELEASE, AND DISCHARGE from any and all claims or liabilities for death or personal injury or damages of any kind, EXCEPT THAT WHICH IS THE RESULT OF GROSS NEGLIGENCE AND/OR WANTON MISCONDUCT OF PERSONS OR ENTITIES LISTED BELOW, which arise out of or relate to my traveling to and from or my participation in any volleyball event, THE FOLLOWING PERSONS OR ENTITIES: Illinois Heat Volleyball, Illinois Heat Volleyball Center, Janelle and Corey Pritchett, JLM Partnership, sponsors, and the officers, directors, employees/contractors, representatives, and agents of any of the above; b) I AGREE NOT TO SUE any of the persons or entities listed above for any of the claims or liabilities that I have waived, released or discharged herein; and c) I INDEMNIFY AND HOLD HARMLESS the persons or entities mentioned above from any claims made or liabilities assessed against them as a result of my actions.

In consideration of the rights and privileges granted to me by my participation in the Illinois Heat Volleyball Program by signing this membership form, I certify that

1. I have read and understand the Waiver and Release of Liability;
2. I understand that I have given up substantial rights
3. I (or my parent or legal guardian) am at least eighteen (18) years old;
4. I agree and consent to abide by the Waiver and Release of Liability set forth herein

Participants Signature : \_\_\_\_\_ Date \_\_\_\_\_

If applicant is under 18 years of age, a parent or guardian must execute, in addition to the foregoing Waiver and Release, the following, for and on behalf of the minor.

The Undersigned parent and natural guardian or legal guardian on the applicant ( \_\_\_\_\_ [minor's name]) executes the foregoing Waiver and Release for and on behalf of the minor named herein. I hereby bind myself, the minor and all other assigns to the terms of the Waiver and Release. I represent that I have legal capacity and authority to act for and on behalf of the minor named herein, and I agree to indemnify and hold harmless the persons or entities named in the Waiver and Release for any claims or liabilities assessed against them as a result of any insufficiency of my legal capacity or authority to act for and on behalf of the minor in the execution of the Waiver and Release. I authorize medical treatment, in an emergency, should I not be able to be contacted. I fully consent to my child's participation in the Illinois Heat Program.

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Printed Name Parent/Guardian's                      Signature of Parent/Guardian                      Date Signed

**RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND  
INDEMNIFY AGREEMENT ("AGREEMENT")**

Illinois Heat Volleyball Program & Summer Programs

In consideration of participating in the \_\_\_\_\_ I represent that I understand the nature of this Activity and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the Activity.

I fully understand that this Activity involve risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the "releasees" named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, costs, and damages I incur as a result of my participation in the Activity.

Illinois Heat Volleyball Club, Illinois Heat Volleyball Center,  
Janelle & Corey Pritchett, Illinois Heat Coaching Staff, JLM Partnership

I hereby release, discharge, and covenant not to sue \_\_\_\_\_, its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the "RELEASEES" herein) from all liability, claims, demands, losses, or damages on my account caused or alleged to be caused in whole or in part by the negligence of the "releasees" or otherwise, including negligent rescue operations; and I further agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the releasees from any loss, liability, damage, or cost which any may incur as the result of such claim.

I have read this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

Date: \_\_\_\_\_

\_\_\_\_\_  
Printed name of participant

\_\_\_\_\_  
Signature of participant

**PARENTAL CONSENT**

AND I, the minor's parent and/or legal guardian, understand the nature of the above-referenced activities and the minor's experience and capabilities and believe the minor to be qualified to participate in such activity. I hereby release, discharge, covenant not to sue and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the Releasees from all liability, claims, demands, losses, or damages on the minor's account caused or alleged to have been caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claim against any of the above Releasees, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the Releasees from any litigation expenses, attorney fees, loss liability, damage, or cost any Releasee may incur as the result of any such claim.

Date: \_\_\_\_\_

\_\_\_\_\_  
Printed name of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian