

### TNT SA SPORTS LLC Waiver Form

Players Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_ AAU# \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Height: \_\_\_\_\_

Email Address: \_\_\_\_\_ School Attending: \_\_\_\_\_ District Attending: \_\_\_\_\_

Activity enrolled in: Elementary Camps: \_\_\_\_\_ Middle School Camps: \_\_\_\_\_ H.S. Camp: \_\_\_\_\_

Month Enrolled in: \_\_\_\_\_ Total Cost: \$ \_\_\_\_\_ Check#: \_\_\_\_\_ M.O.# \_\_\_\_\_

#### Waiver Statement

All participants should be covered by their own medical insurance policies. It is understood that TNT SA SPORTS LLC, Mission Concepcion Sports Park, The City of San Antonio and Bexar County and its Affiliate, do not and will not provide medical insurance in the event of an injury. I, the undersigned, certify that I am the parent or legal guardian of the above-mentioned member. I give my permission to the staff of the club to seek, during the period of the club season, appropriate medical attention to be given to my daughter in the event of an accident, injury or illness. I will be responsible for any and all cost of medical attention and treatment. I the undersigned, for myself my heirs, executors and administrators, waive release and forever discharge TNT SA SPORTS LLC, Mission Concepcion Sports Park, The City of San Antonio and Bexar County and its Affiliates, and their staff, officers, agents, volunteers and employees, from any and all liability, claims, demands, actions and causes of actions whatsoever arising out of or related to any loss, personal injury, or property damage that may be sustained or occur during participation in club activities.

I hereby grant to the TNT SA SPORTS LLC, or any of its agents, staff, officers, volunteers and employees, the right and permission, in respect of the photographs and video which TNT SA Sports LLC or its agents, staff, officers, volunteers and employees, have taken of me or my children, or in which I/we may be included with others, to copyright the same in its own name or otherwise; to use, reuse, publish and re-publish in the same in whole or in part, in conjunction with any printed matter in any and all media now or hereafter known, and for any purpose whatsoever, for illustration, promotion, art advertising and trade, or any other purpose; and to use my name, my children's names, and any statement made by me or my children, in connection therewith if TNT SA SPORTS LLC so chooses. I have read the foregoing and fully understand the contents hereof. This release shall be binding upon me and my heirs, legal representatives and assigns. Once your child is accepted into our league, your child will be registered with the AAU organization by TNT SA Sports LLC under our club affiliation with AAU. If your child is already registered with AAU the parents will have to fill out a transfer form to be affiliated with TNT SA Sports for the duration of the camp session. By enrolling your child into our camps, you are agreeing to these terms.

\_\_\_\_\_  
Signature of Player or Participant

\_\_\_\_\_  
Printed Name of Player or Participant

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

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Printed Name of Parent or Guardian

\_\_\_\_\_  
Date

Please mail completed registration form along with payment to TNT SA SPORTS LLC, P.O. Box 34, Floresville, TX. 78114-0034. **Please make all payments payable to TNT SA SPORTS LLC.**

TNT SA SPORTS LLC Medical Release Form

Players Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ Work Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Cell: \_\_\_\_\_

Primary Insurance Company: \_\_\_\_\_ Primary/Group Policy# \_\_\_\_\_

Family Physicians Name: \_\_\_\_\_ Physicians Phone: \_\_\_\_\_

Please elaborate on any medical conditions of which we should be aware. \_\_\_\_\_

\_\_\_\_\_

Please list any medications currently being taken: \_\_\_\_\_

\_\_\_\_\_

In the past 24 months, have you been tested, diagnosed and/or treated for a concussion: \_\_\_ Yes or \_\_\_ No If yes, provide the date (months and year), who performed the testing/diagnosing/treatment and what was the outcome: \_\_\_\_\_

\_\_\_\_\_

Please list any allergies: \_\_\_\_\_

\_\_\_\_\_

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(regardless of age):

Once your child is accepted into our skills practices session, your child will be registered with the AAU organization by TNT SA Sports under our club affiliation with AAU. If your child is already registered with AAU the parents will have to fill out a transfer form to be affiliated with TNT SA Sports for the duration of the skills practice session. By enrolling your child into our skills practice sessions, you are agreeing to these terms.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

**If, during the course of my daughter's/son's activities in volleyball, she/he should become ill or sustain an injury, I hereby authorize you to obtain emergency medical/dental care. I will assume financial responsibility for the bills incurred through my insurance company.**

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

Parent/Guardian

**I do not authorize emergency medical/dental care for my daughter/son.**

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