## **TVC Hotel Waiver**

Player's Name:	
Team:	_ Tournament:
Date(s):	Hotel:
Staying with:	Relationship to Player:
Cell Phone #: (in case of schedule changes) In submitting this waiver, you are agreeing if accepted that the player will attend all scheduled team events, meals, meetings, etc. that are scheduled during this event.	
Player Signature:	Date:
Parent Signature:	Date:
Waiver Form must be received by the stated booking deadline for the hotel. Waivers can be dropped off at the office and put in Jessica Hohl's mailbox or scanned and emailed to jessie@toledovolleyballclub.com	
Received by Jessica Hohl _	
AcceptedI	Rejected: