



Academy Volleyball

Assumption of Risk and Insurance Policy Statement
for participation in activities with Academy Volleyball.

I understand and agree that the participation of my son/daughter in any activity with Academy Volleyball is voluntary.

I further understand and agree that Academy Volleyball is not liable for any injury, damage, or other loss which my son/daughter may cause or incur, or may cause others to incur, while using Academy Volleyball facilities or equipment, or while participating in any camp provided by Academy Volleyball and/or its affiliates.

I am aware that Academy Volleyball DOES NOT carry insurance coverage for any injury or damage that my son/daughter might cause or incur while using Academy Volleyball equipment or facilities.

I have insurance coverage for and specifically assume responsibility for all risks, injuries, damages, or other losses that my son/daughter might cause or incur while using any Academy equipment and/or facilities at St. Anthony's High School, The Sports Arena, Wantagh High School, Wantagh Middle School, Smithtown Central School District Schools, Connetquot Central School District Schools, Molloy College or while participating in any program, exercise or activity at St. Anthony's High School, Wantagh High School, Wantagh Middle School, Smithtown Central School District Facilities, Connetquot Central School District, Molloy College Facilities or on the premises of St. Anthony's High School, The Sports Arena, Wantagh High School, Wantagh Middle School, Smithtown Central School District Facilities, Connetquot Central School District, Molloy College Facilities.

Note: Athletes who do not have this form completed by the start of the session will not be permitted to participate in any/all related activity until this form is completed and returned.

Athlete Name

Name of Event

Parent/Guardian Name

Daytime Phone Number

Cell Phone Number

Evening Phone

Insurance Policy Carrier

Policy Number

Parent/Guardian signature

Date