



PARENTAL CONSENT

I hereby release the Carolina Select Volleyball Club, its team coaches, Executive Board, and any and all practice facilities from any liability in case of an accident while participating in all activities associated with Carolina Select Volleyball Club. I understand the Carolina Select Volleyball Club does not provide medical insurance to cover any accidents and my/our personal insurance and/or I will be held responsible for expenses incurred during tryouts, practices, or tournaments. As parent/legal guardian of _____, I hereby give my consent for her to participate in the tryouts, practices, and tournaments for Carolina Select Volleyball Club. I also give my permission for the above-named player's medical providers and personnel (doctors, physical therapists, etc.) to discuss and share with the coaches any and all medical information pertinent to the player's health, medical condition, treatment, rehabilitation, and return to participation in the Carolina Select Volleyball Club.

Parent/Guardian Signature

Date

MEDIA RELEASE

When playing with the Carolina Select 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 Carolina Select, 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 Signature

Date

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