



2017 POLISH FALCONS NATIONAL YOUTH VOLLEYBALL TOURNAMENT MARCH 31 - APRIL 1, 2017

Entry deadline is March 15, 2017

Member Entry fee - \$30.00 per Player/ Instructor/ Chaperone

Non-refundable Guest Fee - \$30.00 (Meals & Banquets for all ages)

Non-refundable Friend Fee - \$40.00

Location: Pittsburgh Elite Volleyball
One Herron Avenue., Emsworth, PA 15202

Hotel Accomodations: Crowne Plaza West - Greentree
401 Holiday Drive, Pittsburgh, PA 15220

(All rooms will be booked by Druhna Chris)

Use Rooming List to book rooms and send in to Druhna Chris.
No Late rooming lists will be accepted.

Grand Total Players: _____ X **\$30** = _____

Grand Total Instructors: _____ X **\$30** = _____

Grand Total Chaperones: _____ X **\$30** = _____

Grand Total Guests: _____ X **\$30** = _____

Grand Total Friends: _____ X **\$40** = _____

Grand Total All Attendees: _____ **Grand Total:** _____

Instructor Name: _____

Email: _____

Phone: _____

Nest/District: _____

*** Guest and Friend fees are non-refundable.**

Questions: Contact Druhna Chris 800-535-2071 or cpuskar@polishfalcons.org.



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Rooming lists must be in my office on March 15. No late rooming lists will be accepted.

ROOMING LIST

Room #1

LAST NAME, FIRST NAME

1. _____
2. _____
3. _____
4. _____

Room #2

LAST NAME, FIRST NAME

1. _____
2. _____
3. _____
4. _____

Room #3

LAST NAME, FIRST NAME

1. _____
2. _____
3. _____
4. _____

Room #4

LAST NAME, FIRST NAME

1. _____
2. _____
3. _____
4. _____

Room #5

LAST NAME, FIRST NAME

1. _____
2. _____
3. _____
4. _____

Room #6

LAST NAME, FIRST NAME

1. _____
2. _____
3. _____
4. _____

Room #7

LAST NAME, FIRST NAME

1. _____
2. _____
3. _____
4. _____

Room #8

LAST NAME, FIRST NAME

1. _____
2. _____
3. _____
4. _____

Room #9

LAST NAME, FIRST NAME

1. _____
2. _____
3. _____
4. _____

Room #10

LAST NAME, FIRST NAME

1. _____
2. _____
3. _____
4. _____

Room #11

LAST NAME, FIRST NAME

1. _____
2. _____
3. _____
4. _____

Room #12

LAST NAME, FIRST NAME

1. _____
2. _____
3. _____
4. _____

Room #13

LAST NAME, FIRST NAME

1. _____
2. _____
3. _____
4. _____

Room #14

LAST NAME, FIRST NAME

1. _____
2. _____
3. _____
4. _____

Room #15

LAST NAME, FIRST NAME

1. _____
2. _____
3. _____
4. _____

APPROVED: _____

DATE: _____

**VOLLEYBALL PLAYER WAIVER, ASSUMPTION OF THE RISK, RELEASE OF LIABILITY
AND CONSENT AGREEMENT**

I, the undersigned player, or parent or legal guardian of a player under the age of 18 years (hereinafter the "Undersigned"), acknowledge and agree as follows:

1. The Undersigned voluntarily and of my own free will, elects to participate as a player, for the team listed below or the program listed below, at Pittsburgh Elite Volleyball Association ("PEVA"), located at One Herron Avenue, Suite 100, Emsworth, Pennsylvania 15202.
2. The Undersigned understands that there are certain risks and hazards involved in participating in volleyball that may result in injury or death to me or other players, including, but not limited to those hazards associated with court design, court maintenance, court condition, equipment, or other participants.
3. The Undersigned understands that the very nature of the game of volleyball is hazardous and risky, including but not limited to, the acts of serving, setting, spiking, bumping, and receiving a volleyball, falling, tripping, slipping, running, jumping, stretching, sliding, diving, and collisions with other players and with stationary objects, all of which can cause serious injury or death to me and to other players. The Undersigned further acknowledges that some of the risks include but are not limited to concussions, muscle strains, ankle sprains, muscle tears, broken bones, shoulder injuries, knee injuries and other related injuries.

Further, the Undersigned agrees that in consideration for the right to play as a player as designated below and in consideration for permission to play on the courts arranged for, managed and maintained by PEVA, the Undersigned acknowledges and agrees as follows:

4. The Undersigned acknowledges that the Undersigned has a duty to inspect the conditions of the court and areas surrounding prior to each practice, game or other use of the PEVA facility. If I begin any game, practice or other use of the facility, the Undersigned waives any claim for any injury arising from a defective or improperly maintained condition of the court, the surrounding area, or the facility generally.
5. The Undersigned voluntarily elects to accept and assume all risks of injury incurred or suffered (a) while practicing, playing, as a member of the team or a program so designated, (b) while serving in a non-playing capacity as a team member during practice or play by other teams, or by other players on my team, (c) while on, or upon the premises of any and all of the courts arranged for, managed and maintained by PEVA, and (d) for all risks of injury associated with any latent or patent defects of the court, the surrounding area, or the facility generally.
6. **The Undersigned hereby voluntarily, knowingly and irrevocably waives, releases, discharges and covenants not to sue PEVA and its officers, directors, employees, coaches, agents, servants, and all persons acting by, through, under, or in concert with PEVA (hereinafter the "Releasees"), from any and all complaints, claims, liabilities, obligations, agreements, actions, causes of action, suits, rights, demands, costs, losses, debts and expenses (including those for attorneys' fees, costs incurred or punitive damages or penalties) of any nature whatsoever, known or unknown (hereinafter "Claim" or "Claims"), as a result of the Undersigned's participation in any volleyball team or program, or the Undersigned use of any of the PEVA facility or any of its equipment. This Release by the Undersigned of the Releasees expressly covers any Claim brought under a contractual, tort, or statutory cause of action or theory, including without limitation Claims concerning death, personal injury, illness, property damage, products liability or any other type of damage or loss.**
7. The Undersigned agrees that this Waiver, Assumption of the Risk, Release of Liability and Consent Agreement is binding on the Undersigned's heirs and assigns.

I ACKNOWLEDGE THAT I HAVE READ AND THAT I UNDERSTAND EACH AND EVERY ONE OF THE ABOVE PROVISIONS IN THIS WAIVER, ASSUMPTION OF THE RISK, RELEASE OF LIABILITY AND CONSENT AGREEMENT AND AGREE TO ABIDE BY THEM.

TEAM OR PROGRAM NAME: _____

DATE: _____

PLAYER'S NAME: _____

PLAYER'S SIGNATURE (IF 18 YEARS OR OLDER) : _____

PARENT OR LEGAL GUARDIAN OF PLAYER (IF PLAYER IS UNDER 18 YEARS) : _____



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YOUTH WAIVER AND CONSENT FORM

I, the parent or guardian of this athlete, hereby agree to allow him/her to participate in the activity designated below.

I understand that there are certain risks of injury inherent in the practice and play of this activity, as well as in traveling and other related activities incidental to his/her participation, and I am willing to assume these risks for my child. I hereby certify that my child is fully capable of participating in the designated activity and that my child is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in these activities, except as listed below.

I hereby certify that my child does not have a concussion and has not been in the care of a health professional for a concussion in the past year. YES NO

If no is checked, please include a copy of your child's release from a health care professional to participate in physical activities such as this event.

In addition to giving my full consent for my child's participation, I do hereby waive, release, and hold harmless the Polish Falcons of America, its officers, coaches, sponsors, supervisors, and representatives for any injury that may be suffered by my child in the normal course of participation in the designated activities incidental thereto, whether the result of negligence or any other cause.

Polish Falcons of America Youth Volleyball Tournament March 31 - April 1, 2017 * Pittsburgh, PA

Name of Participant: _____

Participant Email Address: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Age: _____

Please list any physical limitations (allergies, hearing, vision, etc.)

Parent Signature: _____

Parent Email Address: _____

The Polish Falcons of America reserves all rights to photographs and videos taken during this event which will be used solely to promote the mission of the PFA including our printed publications and our website. Participants agree to allow the PFA to use photographs and videos in which they appear.

I have read and understand the above:

Participant Signature: _____

