



## 2025-2026 BOYS VOLLEYBALL REGISTRATION AND WAIVER

***This form must be returned to the school office with fees for participation in a school sponsored sport or activity.***

***Payment may be made by a credit card by going to our website under Fees, Clubs. Checks should be made payable to Winfield School District #34. Students qualified for waiver will not be required to pay a fee.***

### A CURRENT SPORT PHYSICAL MUST BE ON FILE TO PARTICIPATE IN GAMES.

Yes / No Does your child have any medical issues that supervising staff members should be aware of? If yes, please explain \_\_\_\_\_

### INSURANCE WAIVER

Before a student may participate in sports, he/she must have insurance to cover all possible activity or sports-related injuries. My child has health insurance with \_\_\_\_\_  
(Name of insurance company)

and has coverage for injuries resulting from sports and school sponsored activities.

It is the parents'/guardians' responsibility to verify proper insurance coverage through the family's insurance agent.

### PARENT ACKNOWLEDGEMENT

I, \_\_\_\_\_, am the parent/legal guardian of:  
(Name of parent/guardian)

\_\_\_\_\_. I have read the insurance/waiver information and  
(name of student)

understand the terms. I am aware that playing or practicing to play/participate in any sport or activity may involve possible injury. Because of the risks of injury when participating in a sport or activity, I recognize the importance of following the coach's or sponsor's instructions regarding rules, activity guidelines, training, and all other rules, and agree to obey all rules and guidelines.

I, the undersigned parent/guardian consent to the participation of my student in the following

<b>Sport or Activity:</b>	<b>BOYS VOLLEYBALL</b>	<b>GRADES 6th-8<sup>th</sup></b>	<b>Fee:</b>	<b>\$98.00</b>
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I do release the Winfield School District, its officers and employees, when exercising due care, from liability for injury suffered by the named student when involved in a school sponsored sport or activity.

I hereby consent to emergency treatment, hospitalization, or other medical treatment as may be necessary by a physician, qualified nurse, or hospital in the event of an injury or illness.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

Students will abide by all conduct rules and will exhibit good sportsmanship.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Grade/Advisory

Received By _____	Type of Payment _____	Date _____	Amount _____
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