



WARRIOR ATHLETICS

Pay-to-Play Invoice

High School Girls Volleyball

Cost: \$290

Due Date: 09 / 03/ 2024

Student Name: _____

Parents Name: _____

Address: _____

Phone: _____

List of Allergies or Medical Conditions: _____

Is the participant covered by personal/family medical insurance?

_____ Yes _____ No

If yes, name of insurer: _____

Policy of group number: _____

**Unless payment arrangements are made with the Trinity Christian Athletics Office, any student not paid by the due date can be removed from the roster as stated in the Athletic Handbook.*

Please turn in this form and your payment to either of the School Offices. Payments online are also accepted.

Payment Method:

Cash Amount: \$ _____

Credit Card Amount: \$ _____

Check # _____ Amount: \$ _____

Participant Agreement:

I acknowledge that participation in the activity described above involves risk to the participant (and to the participant's parents or guardians, if the participant is a minor), and may result in various types of injury including, but not limited to, the following: sickness, exposure to infectious/communicable disease, bodily injury, death, emotional injury, personal injury, property damage, and financial damage.

In consideration for the opportunity to participate in the activity described above (the "activity"), the participant (or parent/guardian if the participant is a minor) acknowledges and accepts the risks of injury associated with participation in and transportation to and from the activity. The participant (or parent/guardian) accepts personal financial responsibility for any injury or other loss sustained during the activity or during transportation to and from the activity. Further, the participant (or parent/guardian) releases and promises to indemnify, defend, and hold harmless the activity sponsor for any injury arising directly or indirectly out of the described activity or transportation to and from the activity, whether such injury arises out of the negligence of the activity sponsor, the participant, or otherwise.

If a dispute over this agreement or any claim for damages arises, the participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable alternative dispute resolution process. If the participant (or parent/guardian) and the activity sponsor cannot agree upon such a process, the dispute will be submitted to a three-member arbitration panel for resolution in accordance with the rules of the American Arbitration Association.

Parent Signature: _____

Date: ___ / ___ / ____