



Training Champions Volleyball Academy

Date: _____

Summer Camp Contract

500 NW 122nd Ave Miami, FL 33182e

Player Name: _____ Gender: M ___ F ___ Birth Date: _____

Parent /Guardian Name: _____

Phone Number: _____

INFORMED CONSENT/INSURANCE NOTICE

CONSENT: I/We, the parent/guardian of the registrant, agree that we will abide by the rules of the Training Champions Volleyball Academy (TCVA) and all its affiliated organizations. I/we realize risks are involved in the child’s participation. I/we understand that the risk to my/our child includes a full range of injuries. I/we accept this risk as a condition of my/our child’s participation in the program.

I/we hereby agree not to sue, Training Champions Volleyball Academy, including its owner, managers, and other personnel associated with the academy.

If the player requires medical attention every effort will be made to contact the player's parents, guardians or emergency contacts. In the case of an emergency, the player will be provided immediate emergency medical services prior to informing the parent or guardian. I waive any liability or accountability to Training Champions Volleyball Academy (TCVA) for the quality or cost of medical services provided. My child is in good health and this statement is offered in lieu of a Doctors' health certificate.

I/We, agree that once the practice sessions are over Training Champions Volleyball Academy (TCVA) is not responsible for my child

Training champions Volleyball Academy reserves the right to refuse service to anyone that does not abide by our Code of Conduct.

Training Champions Volleyball Academy is not responsible for providing food or water for your child.

The Summer Camp Program will take place both indoor and outdoor.

Only the designated and authorized individual/s may pick up their child

If the child has not been picked up at the specified time there will be a \$20 late pickup fee and an additional \$20 fee for every 30 minutes after the first 30 minutes

PAYMENT CONTRACT

Registration Fee: \$75.00 (Includes Insurance Fee and 2 T-shirts)

Payment Methods: cash, check, zelle, and credit/debit card

Mark next to desired times and weeks below

Full day (8:00 am-4:00pm) _____

1-3 weeks \$300 per week

4-6 weeks \$250 per week

Half day (8:00 am-12:00pm) _____

\$180 per week

6/15-6/19 Week 1 _____

6/22-6/26 Week 2 _____

6/29-7/3 Week 3 _____

7/6-7/10 Week 4 _____

7/13-7/17 Week 5 _____

7/20-7/24 Week 6 _____

We are not responsible for cancellations due to bad weather, holidays or court maintenance.

We will not refund any time missed under any circumstances

By signing below i agree to pay the full amount due for the time selected above by 6/1/2026

Parent/Guardian signature _____ Date: _____