



2014

MARTIN WARRIOR VOLLEYBLAST

CIRCLE ONE: JR. HIGH HIGH SCHOOL

PLAYER NAME: _____

TEAM NAME: _____

Has my permission to participate in the Martin VolleyBlast tournament. I release the Arlington ISD, Martin High School, Martin Volleyball Booster Club and all personnel associated with the tournament from any and all liability resulting from accidents and injuries incurred at the Martin VolleyBlast tournament.

_____ Check if you grant unrestricted permission to use images in print, video, and digital media of your child. I agree that these images may be used by Martin High School and Martin Volleyball Booster Club for a variety of purposes and that these images may be used without further notifying me.

PARENT SIGNATURE DATE

PARENT'S PRINTED NAME PARENT PHONE NUMBER:

ALTERNATE EMERGENCY CONTACT NAME PHONE NUMBER

As a participant in the Martin Volleyblast Tournament NO player or team follower shall:

- 1) Use foul or derogatory language, threaten, physically or verbally abuse any other participant or volunteer before, during, or after the game. This includes trash talk.
- 2) Argue or talk back to the game official or volunteer.

I agree to follow all the rules of AISD and Martin High School student code of conduct. I also agree to follow the uniform code. I understand that if I break any rule that I could be subject disciplinary action which would include game suspension or ejection from the tournament. I also could be subjected disciplinary action through Martin High School Administration.

PLAYER SIGNATURE DATE