



Welcome to Riptide Beach Volleyball!

We are very excited to have you join our 2020 summer program, meet our coaches and other girls and boys like you who are interested in playing beach volleyball.

This summer, each player should expect to improve on their fundamental volleyball skills, solidify ball control, build strength and endurance playing in the sand and learn the rules of beach volleyball. We promote a positive and competitive learning environment that is focused on teamwork. We expect our players to demonstrate good sportsmanship, work hard and have fun. Each session is led by experienced coaches (i.e. high school teams, High Performance Club teams and former college coaches).

One of the benefits to Riptide Beach Volleyball is that you will have the opportunity to play with different partners during practices (since beach volleyball is a 2 player per team game). Each player will have the opportunity to meet and partner with different players who you may then decide to join tournaments and compete with.

Prior to participating at the first practice, it is mandatory to complete the following steps:

- Please make sure to have the two waivers signed (Participant Release of Liability, Communicable Diseases), completed player information sheet, signed photo release form and \$200 payment at the first practice
- Register with AVP America and pay the fee (this is our club's affiliation and all players must be a member of AVP America prior to the first practice)
 - Register at www.avpamerica.com and select Riptide Beach Volleyball in the second part of the drop down menu, under beach clubs

Each player should plan to wear comfortable clothes and bring a water bottle and bug spray to each practice. No shoes are needed. Please note that practices are held in rain or shine (only thunderstorms or lightening will cancel a practice) and if practices are cancelled due to weather, we are unable to guarantee that we will be able to schedule makeup practice sessions.

Please be patient as we work through the schedule and unforeseen obstacles that may occur throughout the summer.

Feel free to reach out prior to the first practice with any questions! We look forward to seeing you!

Jon Bui, Riptide Beach Volleyball Head Coach

Brian Guerraz, Riptide Beach Volleyball Club Director (860-993-4045)



Player Information – Summer 2020

Player Name: _____

Address: _____

AVP Membership #: _____

Player Age: _____

Player Date of Birth: ____ / ____
(Month/Year)

T-shirt Size: _____

(S, M, L, XL)

1. Parent/Guardian Name _____

Cell Phone: _____

Email: _____

2. Parent/Guardian Name: _____

Cell Phone: _____

Email: _____



2020 Summer Logistics

Practice Location: Northwest Park, 448 Tolland Turnpike, Manchester, CT 06042

- As you pull into the park, there is a playground on the righthand side with a stone pathway. Follow the stone pathway to the volleyball courts that will be down and to the left of the playground.

Tournaments

There is no commitment to participate in tournaments

- Entrance into tournaments is the responsibility of players
- Tournament entry fees are not included in this program
- A list of tournaments is available on the AVP America website. We will also be sure to announce upcoming tournaments each week as a reminder for those players who are interested in competing.



Photo Release Permission

I give permission for my child's picture to be used by Riptide Beach Volleyball on their website, social media and other publications in conjunction with Riptide Beach Volleyball with the understand that the player's name will not be used in the photo and the player will not be identified in any other way.

Player Name: _____

Parent Signature: _____

Date: _____



WAIVER/RELEASE FOR COMMUNICABLE DISEASES INCLUDING COVID-19

ASSUMPTION OF RISK / WAIVER OF LIABILITY / INDEMNIFICATION AGREEMENT

In consideration of being allowed to participate on behalf of Riptide Beach Volleyball LLC athletic program and related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. Participation includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases. If, however, I observe and any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Riptide Beach Volleyball LLC their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IF FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Name of participant: _____

Participant signature: _____

Date signed: _____

FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees for any and all liabilities incident to my minor child's/ward's presence or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided by law.

Name of parent/guardian: _____

Parent guardian/signature: _____

Date signed: _____