



Toronto Volleyball Academy

2026-2027 Season



Registration Form

Participant Information (please print)

Participant's Name: _____ Age: _____
(if under 18)

Address: _____

City: _____ Province: _____ Postal Code: _____

Home Phone: _____ Cell Phone: _____ Email: _____

If under 18: Parent's Name: _____ Phone: _____

Parent's Email: _____

Location: St. Gregory Catholic School

- ☐ Mon Sept 21, 2026 – Jan 11, 2027 (12 classes/\$396)
☐ Mon Jan 18, 2027 – April 26, 2027 (12 classes/\$396)

- ☐ Kids – Intermediate/Advanced (ages 12 – 16) 6:00 – 7:30 pm
☐ Adults – Intermediate/Advanced 7:30 – 9:30 pm

Location: Our Lady of Sorrows Catholic School

- ☐ Wed Sept 16, 2026 – Jan 13, 2027 (12 classes/\$396)
☐ Wed Jan 20, 2027 – Apr 21, 2027 (12 classes/\$396)

- ☐ Kids – Beginner (ages 8 to 11) 6:00 – 7:30 pm
☐ Kids – Beginner/Inter (ages 11 to 13) 6:00 – 7:30 pm
☐ Adults – Beginner and Intermediate 7:30 – 9:30 pm

Note: the class age ranges are a starting point for the program. Players may be moved UP or DOWN based on their skill level. This will be evaluated by the coaches during the first class.

Fees include HST and are due in full upon registration. Payable by Interac e-transfer, cash or cheque payable to Toronto Volleyball Academy. HST #896366929

Refund policy: No refunds for missed practices or makeup classes. No refunds after the start of the 2nd class. \$30 administrative charge for cancellation.

Disclaimer

INFORMED CONSENT AND ASSUMPTION OF RISK AGREEMENT

WARNING!

By executing this document, you will assume certain risks and responsibilities. Please read carefully.

Binding Agreement

1. This is a binding legal agreement. As a participant in the sport of volleyball of programs, activities and events of the Toronto Volleyball Academy ("TVA"), the undersigned acknowledges and agrees to the following terms:

Disclaimer

2. The TVA, members, employees, volunteers, participants, agents and representatives (collectively the "Organization") are not responsible for any injury, personal injury, damage, property damage, expense, loss of income or loss of any kind suffered by a participant during, or as a result of, the sport of volleyball, any program, activity or event of the Organization, caused by the risks, dangers and hazards associated with the sport of volleyball and the programs, activities and events of the Organization.

Description of Risks

3. I am participating voluntarily in the sport of volleyball and the activities, events and programs of the Organization. In consideration of my participation in the programs, activities and events of the Organization, I hereby acknowledge that I am aware of the risks, dangers and hazards associated with or related to the sport of volleyball and any such programs, activities and events of the Organization and may be exposed to such risks, dangers and hazards which can be severe and even fatal. The risks, dangers and hazards include, but are not limited to, injuries from:
- a) Exerting and stretching various muscle groups and strenuous cardiovascular workouts;
 - b) Vigorous physical exertion, rapid movements and quick turns and stops;
 - c) Falling, tumbling or hitting other participants;
 - d) Falling to the ground or sand due to uneven, slippery or irregular terrain or surfaces;
 - e) Contact, colliding or being struck by the volleyball, net, poles, other individuals, equipment, walls, stands, or benches;
 - f) Failing to play within one's abilities and within designated areas;
 - g) Failure to properly use any piece of equipment or from the mechanical failure of any piece of equipment;
 - h) Spinal cord injuries which may render me permanently paralyzed.
4. Furthermore, I am aware:
- a) That injuries sustained can be severe;
 - b) That I may experience anxiety while challenging myself during the activities, events and programs;
 - c) That my risk of injury is reduced if I follow all rules established for participation; and
 - d) That my risk of injury increases as I become fatigued.

Release of Liability

5. In consideration of the Organization allowing me to participate in the sport of volleyball and the programs, activities and events of the Organization, I agree:
- a) That my physical condition has been verified to participant in the activities, events and programs of the Organization by a medical doctor within the past twelve months;
 - b) To freely accept and fully assume all such risks, dangers and hazards and possibility of personal injury, death, property damage, expense and related loss, including loss of income, resulting from my participation in the sport of volleyball and the activities, events and programs of the Organization;
 - c) To forever release the Organization from any and all liability for any and all claims, demands, actions and costs that might arise out of my participation in the sport of volleyball and the activities, events and programs of the Organization.

Acknowledgement

By printing in your name and the date below and signing this document, you, or you on behalf of your child if under 18, acknowledge reading this Agreement, agree to execute this Agreement voluntarily and to be bound by this Agreement. This Agreement is binding upon yourself, your child/children, your heirs, executors, administrators and representatives.

Dated in Toronto on _____, _____

Name of Participants _____

Name of Parent/Guardian _____ Signature _____
(if participant(s) under 18) (of parent or guardian if participant under 18)

Witness Signature _____

For Internal Processing: ☐ Cheque ☐ Cash ☐ Interac email Date Received _____