



JVA INSURED TOURNAMENT COACHES' SIGN-IN FORM

Name of Event: _____ Dates: _____

This tournament is insured by JVA. It is required that each member of the team has signed the **JVA Insurance Waiver for Players and Staff** electronically. By signing this form, you are taking responsibility that everyone on your roster has completed this waiver.

If an individual is injured during participation in this event, it is the coach's responsibility to secure a "**JVA Incident Report**" from the Tournament Director. The form should be completed and retained by the Tournament Director. It is advised that the coach keep a copy for the club records. Medical Claims for insurance coverage cannot be honored without an Incident Report form. A Medical Claim form can be requested from Lisa Wielebnicki via email at members@jvavolleyball.org.

By signing this form, you are taking responsibility that anyone on your bench is on your submitted roster. Also, you are agreeing that you have completed all requirements of the JVA Background Screen and JVA Safety Policy.

By signing this form, you hereby affirm that all parents, players and coaches affiliated with your organization have completed all necessary requirements for the Sudden Cardiac Awareness training (Lindsay's Law) AND Concussion training required by the State of Ohio.

The club assumes responsibility to have access to the above-named forms at all times.

Club Name _____

Team Name(s) _____

Name _____

Signature _____

Cell Phone _____

Date _____

Contact with Questions:
Lisa Wielebnicki, JVA Director of Member Development
members@jvavolleyball.org

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