

October 20-21, 2023

# Silent Friends Co-Ed Volleyball Christian Tournament

## TOURNAMENT ENTRY FORM

Church Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Church Pastor Name /Deaf Leader: \_\_\_\_\_

Phone: \_\_\_\_\_ VP Number: \_\_\_\_\_

Email: \_\_\_\_\_

Church has paid the Team Fee (\$100.00) **Circle:** YES NO

Online or Mailed Check **Circle:** ONLINE Mailed Check

Shirt Color: \_\_\_\_\_

Players Age: 15 and up

Shirt Number	Coach Name	Pastor	Leader	Member	Deaf	Hearing
Shirt Number	Player's Name (Please Print)	Age	Church Member	Non-Member	Deaf	Hearing

Payment Deadline by  
October 14<sup>th</sup>, 23

Team Fee: \$100	Cash or Check	
<b>TOTAL</b>		\$

**Please print this blank form and fill out blanks. Mail this form with checks to:**  
Silent Friends Chapel ATTN: Volleyball Fee. 1707 San Jacinto Dallas, TX 75201  
**Coach Meeting will be held on Friday October 20<sup>th</sup> at Noon, Lunch will be provided.**  
Any Questions or Concerns: Email [MLuff@firstdallas.org](mailto:MLuff@firstdallas.org) VP: 214:613:3711



# MEDICAL & LIABILITY RELEASE

FIRST BAPTIST DALLAS

My child, \_\_\_\_\_, may participate in the \_\_\_\_\_ on \_\_\_\_\_.

I understand that in the event medical intervention is needed, every attempt will be made to contact the persons listed on this form. In the event I cannot be reached in an emergency, I hereby give permission to the physician or dentist selected by the activity leader to secure medical treatment and/or to order an x-ray examination, injection, anesthesia, surgery or any other medical intervention for my child as deemed medically necessary.

I understand that my health insurance coverage for my child will provide primary coverage in the event medical treatment or intervention is needed. I understand that I shall be liable for and agree to pay all costs and expenses incurred in connection with such medical and dental services rendered to my child.

I agree to allow the identified child to participate in the activity identified above and understand reasonable safety precautions will be taken at all times by First Baptist Church of Dallas and its agents. I understand the possibility of unforeseen hazards and know the inherent possibility of risk.

I understand that photos and videos of my child may be taken for use in First Baptist Church of Dallas publications. I also understand that publication of these photographs may be accomplished electronically via the Internet/World Wide Web and that after publication First Baptist Church of Dallas will be unable to prevent persons from gaining access to the Internet/World Wide Web, copying my child's photographs and video there from, and subsequently using, altering or republishing them without my consent.

I waive any claim for damages against First Baptist Church of Dallas from un-consented use, alteration or republication of my child's photographs and video by third parties accessing the Internet/World Wide Web.

**I AGREE NOT TO HOLD FIRST BAPTIST CHURCH OF DALLAS, ITS LEADERS, EMPLOYEES, AND VOLUNTEER STAFF LIABLE FOR ANY DAMAGES, LOSSES, DISEASES, OR INJURIES INCURRED AS A RESULT OF THE CHILD'S PARTICIPATION IN THIS ACTIVITY, AND I EXPRESSLY WAIVE ANY CLAIMS OF NEGLIGENCE AGAINST FIRST BAPTIST CHURCH OF DALLAS AND ITS EMPLOYEES, AGENTS AND VOLUNTEERS.**

\_\_\_\_\_  
PARENT OR LEGAL GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT NAME OF PARENT OR GUARDIAN

## PARENT/GUARDIAN EMERGENCY CONTACT INFORMATION

\_\_\_\_\_  
PARENT OR GUARDIAN NAME

\_\_\_\_\_  
CELL PH.

\_\_\_\_\_  
HOME PH.

\_\_\_\_\_  
WORK PH.

\_\_\_\_\_  
PARENT OR GUARDIAN NAME

\_\_\_\_\_  
CELL PH.

\_\_\_\_\_  
HOME PH.

\_\_\_\_\_  
WORK PH.



## MEDICAL & LIABILITY RELEASE

FIRST BAPTIST DALLAS

I, \_\_\_\_\_, willingly participate in the \_\_\_\_\_ on \_\_\_\_\_.

I understand that in the event medical intervention is needed, every attempt will be made to contact the person listed on this form. I hereby give permission to the physician or dentist selected by the activity leader to secure medical treatment and/or to order an x-ray examination, injection, anesthesia, surgery or any other medical intervention for me as deemed medically necessary if I am unable to consent at the time of injury or accident.

I understand that my health insurance coverage will provide primary coverage in the event medical treatment or intervention is needed. I understand that I shall be liable for and agree to pay all costs and expenses incurred in connection with such medical and dental services rendered to me.

I agree to participate in the activity identified above and understand reasonable safety precautions will be taken at all times by First Baptist Church of Dallas and its agents. I understand the possibility of unforeseen hazards and know the inherent possibility of risk.

I understand that photos and videos of me may be taken for use in First Baptist Church of Dallas publications. I also understand that publication of these photographs may be accomplished electronically via the Internet/World Wide Web and that after publication; First Baptist Church of Dallas will be unable to prevent persons from gaining access to the Internet/World Wide Web, copying my photographs and video there from, and subsequently using, altering or republishing them without my consent.

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\_\_\_\_\_  
PARTICIPANT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT NAME

October 20-21, 2023