PARENT INFORMATION AND CONSENT FORM

Student Information

Full Name: .....

Date of Birth: .....

School / Grade: .....

Previous sports experience: ☐ Yes ☐ No

Explanation: .....

Health Information

Does your child have any known health issues? ☐ Yes ☐ No

Explanation: .....

Does your child take any regular medication? ☐ Yes ☐ No

Explanation: .....

Is there any condition that may prevent your child from practicing volleyball?

☐ Yes ☐ No

Parent's Declaration:

"I hereby declare that, to my knowledge, my child's health condition does not prevent them from participating in volleyball activities."

Photo and Video Consent

I hereby give permission for photos and videos of my child taken during training sessions, matches, tournaments, and other events organized by Volley Istanbul Sports Academy to be used by the club for communication, promotional, and publicity purposes. This may include publication on the club's **social media accounts, website, promotional materials, and other official communication channels**. I understand that my child's image may appear individually or as part of a group and that this content may be publicly accessible. I confirm that I am giving this consent voluntarily and that my child's privacy and personal rights will be respected.

☐ I consent to the use and publication of my child's photos and videos as described above.

☐ I do not consent to the use or publication of my child's photos and videos.

Arrival / Departure & Supervision

☐ For children under the age of 15, their arrival to and departure from the training hall is entirely the responsibility of the parent/guardian.

☐ Outside the training hours (before/after practice), the child will not be under the supervision of the club; the club is not responsible for any incidents that may occur during this time.

Emergency Contact Information

Parent / Emergency Contact Name: .....

Relationship: .....

Emergency Phone: .....

Liability Waiver and Consent

"I consent to my child's participation in volleyball training in accordance with the health condition and the above-mentioned conditions. I acknowledge the safety and supervision rules applied by the club and authorize the use of the emergency contact information provided above in case of emergency. I further accept that any risks arising outside of the safety measures provided by the club remain my responsibility, and I voluntarily provide this consent."

Parent Information

Full Name: .....

Phone: .....

E-mail: .....

Signature: .....

Date: .....

Coach's Section (To be completed by the coach): ……