



**Insured  
Tournament  
Coaches' sign-in  
form**

**Name of Event:** \_\_\_\_\_

This tournament is insured by Team Indiana Volleyball Club. It is required that each member of the team have signed the **Team Indiana Release, Indemnification, and Hold Harmless Agreement** and that a hard copy of the form is in the possession of the coach/team rep at all times.

If an individual is injured during participation in this event, it is the coach's responsibility to secure an "**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.

By signing this form, the coach assumes responsibility to have access to the above named forms at all times.

**Club Name** \_\_\_\_\_

**Team Name** \_\_\_\_\_

**Coach Printed Name** \_\_\_\_\_

**Coach Signature** \_\_\_\_\_

**Dated** \_\_\_\_\_