Beach Cities Volleyball Club Workout/Tryout/Clinic Info & Waiver Form

Player's Name |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_| Male ___ Female ___

School ________________________ Grade _____ Date of Birth _____________ Age on Sept 1, 2017 _____

Club or School Experience ____________________ Position (if Applicable) _________________________

Play on School Team (Yes/No)? ____ If so, what team? ____________ (Varsity, Jr. Varsity, Fr/Soph, 8th Grade, 7th Grade, etc.)

E-Mail, Player |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

Phone #, Player (Personal land line) |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_| (Cell) |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

Address|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|
Street Address

|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|
City, State, and Zip Code

Parent's Information

Parents Name(s) (Mom & Dad) |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

Address, if different |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|
Street Address

|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|
City, State, and Zip Code

E-Mail Address, if different from player's |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

Phone #, Home |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_| Phone #, Work |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

Phone #, Cell |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_| Phone #, Other |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

Release and hold harmless agreement / Authorization for treatment of a minor: In consideration of participation in 2016-2017 Beach Cities Volleyball Club activities ("activities"), including but not limited to tryouts, clinics, workouts, practices, beach tournaments, other tournaments, competition, field trips and other activities, and with complete understanding said participant shall or may take a physical test of volleyball skills, I (we) understand and agree to the following:

____, participant is hereby given my consent to participate in tryouts, clinics, workouts, practices, beach tournaments, other tournaments, competition, field trips and other activities with Beach Cities Volleyball Club in 2016 and 2017. I give permission for Beach Cities Volleyball to use pictures of my child in the future for publicity use only.

________________________________ ____________
Parent / Guardian Signature Date

The undersigned does hereby waive, release, acquit and forever discharge all coaches and others associated with Beach Cities Volleyball Club and each of them from any and all acts, causes of action, claims, demands, damages, costs loss of service, expenses and compensation, on account of or which may in any way develop out of any and all known and unknown personal injuries or property damages which the player/participant may suffer during the course of or as a result of the participation in Beach Cities Volleyball Club activities, including but not limited to the activities themselves, time spent after the activities, and travel to and from the activities.

The undersigned does hereby waive, release, acquit and forever discharge Beach Cities Volleyball Club and affiliated DBA's (The Beach Academy, College Volleyball Training and Volleyball on the Hill), its officers and directors, collectively and individually, coaches, and adult supervision, and any and all persons directly or indirectly associated with Beach Cites Volleyball Club, and each of them from any and all acts, causes of action, claims, demands, damages, costs or expenses on account of or which may in any way develop out of any and all known and unknown personal injuries or property damages which the player/participant may suffer during the course of or as a result of participation with Beach Cities Volleyball Club throughout 2016 and 2017, including but not limited to tryouts, clinics workouts, practices, beach tournaments, other tournaments, competition, field trips and other activities, and travel to and from the activities.

I hereby acknowledge that I am the lawful parent and/or guardian of the above-mentioned minor. I give authorization to any properly licensed physician or surgeon to provide medical care and/or emergency treatment when necessary. Any expenditure for care and treatment is my responsibility.

__________________________ ______ ____________________ ______
Signature of Parent or Guardian Date Signature of Player Date

__________________________ ____________________
Please print name of Parent or Guardian Please print name of player

xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

For Office Use only: **Player's Name** |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_| **Phone #:** |_|_|_|_|_|_|_|_|_|_|_|_|

E-Mail Address (es) |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|