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

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

School ________________________ Grade _____ Date of Birth_________________ Age on Sept 1, 2012 ____

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 2011-2012 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 2011 and 2012. 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, 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 2011 and 2012, 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 also give

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

xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

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

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