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

Player's Name								Ш		Ш	Ц	Ma	le _		F	em	ale	;	_				
School	Grade	Da	Date of Birth						Age on Sept 1, 2015														
Club or School Experience Position (if Applicable)																							
Play on School Team (Yes/No)? If so, what team?									(Varsity, Jr. Varsity, Fr/Soph, 8 th Grade, 7 th Grade, etc.)														
E-Mail, Player			Ш	Ш				Ш		Ш			Ш		_			Ш	_	Ш			
Phone #, Player (Personal land line)				Ш		Ш	(C	Cell)				Ш				Ш			Ш			
Address								Ш		Ш			Ш			\perp				Ш			
Street Address																							
City, State, and Zip Code	<u>Pa</u>	rent'	s Info	rm	<u>ati</u>	<u>on</u>																	
Parents Name(s) (Mom & Dad)						Ш		Ш	_	Ш			Ш		1	L				Ш			
Address, if different																丄							
	Street Address City, State, and 2	 Zip Code														<u></u>							
E-Mail Address, if different from pl	ayer's							Ш		Ш								Ш		Ш			
Phone #, Home		P	none #	, Wo	ork	Ш		Ш		Ш			Ш			丄	_						
Phone #, Cell		P	hone #	, Otl	ner	Ш											l						
Release and hold harmless agreement / Authorization for treatment of a minor: In consideration of participation in 2014-2015 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:															ther								
Parent / Guardian Signature	<u> </u>	Dat	<u>e</u>																				
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 al 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.															wn								
The undersigned does hereby waive, release, acquit and forever discharge Beach Cities Volleyball Club and affiliated DBA's (The Beach Academy, College Volleyball Trainin 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 2014 and 2015, 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.														with									
I hereby acknowledge that I am the lawful parent and/medical care and/or emergency treatment when necess									any p	prope	rly li	cense	ed pł	ıysic	ian o	or su	rgeo	n to j	prov	ide			
Signature of Parent or Guardian	Date		Signat	ure of	Play	yer	_		_	Dat	e												
Please print name of Parent or Guardian		Pl	ease prin	ıt nam	e of	playe	er																
xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	xxxxxxxxxxx	xxxxxxx	xxxxxxx	XXXXX	XXXX	XXXX	XXXX	XXXX	XXX	XXXX	XXX	XXXX	XXX	XXX	XXX	XXX.	XXX	XXXX	XXX	XXXX			
For Office Use only: Player's Name						Ш	Pł	one	#: _		Щ			Ц			<u> </u>	Ш					