



**VISION VOLLEYBALL CLUB**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age \_\_\_\_\_ 2019 Club Team (if applicable): \_\_\_\_\_

**Mother/Guardian**

**Father/Guardian**

Mother's Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Mother's Email: \_\_\_\_\_

Father's Email: \_\_\_\_\_

Mother's Cell Phone: (\_\_\_\_) \_\_\_\_\_

Father's Cell Phone: (\_\_\_\_) \_\_\_\_\_

**Fees** - \$50 per session      Amount Paid \_\_\_\_\_      Check # \_\_\_\_\_

**Sessions**    Sept 1 \_\_\_\_\_      Sept 8 \_\_\_\_\_      Sept 15 \_\_\_\_\_      Sept 22 \_\_\_\_\_      Sept 29 \_\_\_\_\_

RELEASE / DISCLAIMER

I do hereby assume full responsibility for any and all damages, injuries (including death), or losses that I may sustain or incur, if any, while attending, engaging, practicing, participating or witnessing activity and/or certain event(s) occurring in or about the premises or at any offsite location. I hereby assume full risk, waive all claims and release and hold Vision Volleyball Club, individually or otherwise, harmless for any and all liability, claims, suits, damages, expenses, fees, actions, or rights of action or judgments as a result of injury or death to myself or members of my family or heirs, or my guests, or damage, destruction or loss to my property, which in any way relates to, arises out of, or is in any way connected with my presence on the premises, or my participation in events of activities thereon, or the negligent acts or omissions of the releases or any other third party.

I agree to wear all protective equipment required while participating in the activity, and I am fully aware and understand that Vision Volleyball Club does not have on or about the premises, or employ or contract with any medical services, provisions for ordinary or emergency medical services.

In consideration of my participation in and the use of the Vision Volleyball Club premises or facilities, I hereby release and covenant not to sue the owner of the premises (releases), shareholders, directors, officers, employees, representatives, agents, affiliates and lessees from any and all claims resulting from any physical injury that may occur to me while participating in any program or event sponsored by Vision Volleyball Club.

**I HAVE READ AND FULLY UNDERSTAND THE ABOVE RELEASE/WAIVER AND FULLY UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING THIS WAIVER VOLUNTARILY.**

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_