



PRE-SEASON TITANS GIRLS VOLLEYBALL HIGH SCHOOL VOLLEYBALL CLINIC

PLAYER REGISTRATION:

Player's Name: _____ Incoming Grade: _____

Email: _____ Phone: _____

High School: _____ AAU Membership #: _____

MEDICAL & INSURANCE INFORMATION: Insurance is required for all participants.

Medical Insurance Company: _____

Policy #: _____

Medical Conditions (if applicable): _____

Emergency Contact Person: _____

Emergency Contact Phone(s): _____

RELEASE FROM LIABILITY & INDEMNIFICATION / MEDICAL EMERGENCY RELEASE:

I certify that I am the parent or guardian of _____ and intend to enroll her in the above activity. On behalf of myself and my child, I agree to waive and release the Titan Girls Volleyball Boosters, and its coaches, for and against any and all claims, cost liabilities, expenses, or judgments, including attorney's fees and court costs arising out of my child's participation in the clinic or any illness or injury there from, except injury deliberately or willfully caused. I recognize that the activity can be dangerous to my child and accept those dangers. I understand that if my child is injured, this waiver will be used against myself and anyone else claiming damage because of my child's injury in any legal action. I also understand that no employee or agent is authorized to modify this waiver.

In the event of a sudden illness, accident or injury which may occur while said minor is engaged in activity supervised by the Titan Girls Volleyball Boosters, when neither the parents, guardian or designated family physician can be contacted, I hereby give my consent for emergency treatment as shall be necessary and release and discharge the Titans Girls Volleyball Boosters, coaches, or any other staff working the clinic from any liability for any injuries or illnesses incurred while at the clinic and on all claims for personal injury.

I certify that I have personally read and understand this waiver and release form.

Signature: _____ Date: _____