

949 Athletics Waiver Form 2017-18

Player's Name _____

School _____ Grade _____ Date of Birth ___/___/___ Age on Sept 1, 2017 _____

Club VB Experience _____ Position (if Applicable) _____

Play on School Team (Yes/No)? _____ If so, what team? _____ (Varsity, JV, Frosh, 8th Grade, etc)

Contact info—please print

Players Phone #, (Cell) _____ Parents Phone # (Cell) _____

Parents Names (Mom & Dad) _____

Parents E-Mail Addresses: _____

Release and hold harmless agreement / Authorization for treatment of a minor: In consideration of participation in 2014-2015 949 Athletics 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 949 Athletics Volleyball Club in 2015 and 2016. I give permission for 949 Athletics Volleyball to use pictures of my child in the future for publicity use only.

The undersigned does hereby waive, release, acquit and forever discharge all coaches and others associated with 949 Athletics 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 949 Athletics Volleyball Club activities, including but not limited to the activities themselves, time spent after the 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