

IHA Beach Volleyball Fun with Coach Heather Quella

**Registration and Waiver**

(Circle one) 6 Fridays April 23- May 28th, 2021 \*\*Dates subject to change.

Player's Name: \_\_\_\_\_

Parent: \_\_\_\_\_

Home Phone \_\_\_\_\_ Phone(s): \_\_\_\_\_

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

City \_\_\_\_\_ Zip \_\_\_\_\_

Email address: \_\_\_\_\_

Friend/Family to be called in an emergency if parent/guardian cannot be contacted:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_ Please list any known allergies or medical conditions: \_\_\_\_\_

I hereby authorize Heather Quella to release my child ONLY to the people listed below (authorized carpool):

Name \_\_\_\_\_ Phone \_\_\_\_\_

\$120 per session, or \$20 per lesson

Please Select Payment Method: Check (Payable to Heather Quella) \_\_\_\_\_ Venmo (To: @Heather-Quella) \_\_\_\_\_ Contact Heather at 310-344-0592. Thank you!

INDEMNITY AND GENERAL RELEASE - I confirm that my child/the Participant (named above) is in appropriate mental and physical condition to participate in these volleyball practices- I do not know of no mental or physical problems, which may affect the Participants' ability to safely participate in this activity. - I do hereby release, forever discharge, and agree to hold harmless Coach Heather Quella from any and all liability, claim of demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever, which may be incurred by the above-named person(s)/participant(s). - In the event that my child is injured, or should require medical or dental attention while participating in this class, I hereby authorize the overseeing instructors and/or representatives of Redondo Beach and Cabrillo Beach (Los Angeles County) Emergency Medical Care workers to secure necessary medical treatment. I also acknowledge that ultimately I will be responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Through my signature I verify that I have read the indemnity and General Release, accept these terms and conditions. Indemnity and General Release: Parent

Signature \_\_\_\_\_ Date \_\_\_\_\_

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PARTICIPANT EXPECTATIONS Parents, please review the following program expectations with your child and have them sign. 1. I will have a good attitude and treat participants and coaches respectfully. 2. I will work hard and give my best effort. 3. I will come prepared for each session, be focused and ready to learn. 4. I will have fun! I have read the participant expectations and I agree to abide by them as written.

Signature \_\_\_\_\_ Date \_\_\_\_\_