

IMUA VOLLEYBALL CLUB REGISTRATION and WAIVER FORM

Please complete all information below

PLEASE PRINT CLEARLY - Incomplete or illegible forms will not be processed. You must submit a registration form either by mail to IMUA Volleyball Club, 266-F Reservation Road, #505, Marina, CA 93933 or email at jason@imuavbc.com before spot is reserved. Entries are not complete until full payment is received. No personal or business checks. Credit card payment is accepted on our IMUA beach volleyball page. There will be a \$35 administrative fee for ALL cancellations prior to June 17, 2019. **IMPORTANT:** There are NO IMUA Beach Elite program refunds period. IMUA Beach Club program refunds will be granted for cancellations before (June 17, 2019). **IMUA will not be responsible to prorate or refund the club fee if a participant is not able to find a doubles partner for any reason and/or miss any scheduled tournaments during the summer beach season.**

I am interested in participating in what program. Please circle program(s) below.

IMUA BEACH ELITE TEAM

IMUA BEACH CAMP

PARTICIPANTS NAME: Last _____ First _____

Street Address: _____ City: _____ Zip: _____

Phone #: _____ Age: _____ Date of Birth: _____

Parent's Email: _____ Participant's Email: _____

Indoor Position - Circle Position(s)

Libero/DS Outside Right side Middle Setter

Current School / Current Club _____ Yrs. Exp _____

Have you registered in AAU Beach in the past? **Yes No** Beach Experience: Yrs. Exp _____

IMUA Beach Club Partner's Name: _____ (Put N/A if you a need partner)

I am aware that my participation in any IMUA Volleyball Club indoor and beach training, private lessons, clinics, practices, leagues, open gyms, or any athletic programs that IMUA Volleyball Club hosts involves numerous risks of injury, including, but not limited to *blisters, sprains, strains, broken bones, torn ligaments, bruises, dislocations, and falls and collisions with other players* and I **FREELY ASSUME THOSE RISKS.** In the event of illness or injury, I do hereby consent to whatever X-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon, or dentist, and performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services. As stated in California Education Code Section 35330, I understand and I may assume all the above mentioned risks, will hold the IMUA Volleyball Club, Team IMUA, Hartnell Community College, and its offers, agents, and employees, harmless from any and all liability or claims whatsoever, which may arise out of or in connection with participation any activities arranged for the participants by IMUA Volleyball Club. The terms thereof shall serve as a release and assumption of risk for my heirs, executors and administrators, and for all members of my family. I fully understand that participants are to abide by all rules and regulations governing conduct during the sporting event program. Any violation of these rules and regulations may result in that individual being sent home.

I AM AWARE THAT THIS CONTRACT IS LEGALLY BINDING AND THAT I AM RELEASING LEGAL RIGHTS BY SIGNING IT.

Parent/Guardian's Name _____ Date _____

Parent/Guardian's Signature
(_____) _____

Parent/ Guardian Phone _____ Parent/ Guardian Email _____

Insurance Company _____ Group/Policy # _____

Emergency Contact Person _____ Phone # _____

**Cashiers Check or money order for correct amount to: IMUA VOLLEYBALL CLUB
Attention: Jason Companion**

266-F Reservation Road, #505, Marina, CA 93933

Online payment can be accepted at http://www.imuavbc.com/IMUA_Girls_Beach_Club.html

