



**TEAM IMUA**  
Athlete Profile

**(Please complete if you are new to our IMUA program)**

<b>Date:</b>					
<b>Athlete Last Name:</b>					
<b>Athlete First Name:</b>					
<b>Age:</b>		<b>Date of Birth:</b>			
<b>Height:</b>					
<b>Athlete Cell (If Applicable):</b>					
<b>Athlete Email (If Applicable):</b>					
<b>Please Check all preferred positions:</b>	<b>Setter</b>	<b>Defensive Specialist</b>	<b>Outside Hitter (Left)</b>	<b>Right side Hitter</b>	<b>Middle Blocker</b>
<b>Have you played volleyball before</b>	<b>Yrs.</b>		<b>What other club(s) or school?</b>		
<b>Other Sports Involved in during club season:</b>					
<b>School:</b>					
<b>Grade:</b>			<b>G.P.A.:</b>		
<b>School Honors (Academic):</b>					
<b>School Honors (Athletic):</b>					
<b>Parents/ Legal Guardian Names:</b>					
<b>Address:</b>			<b>City:</b>	<b>Zip:</b>	
<b>Home Phone:</b>					
<b>Parent/ Legal Guardian Email:</b>					
<b>Father Cell Phone:</b>					
<b>Mother Cell Phone:</b>					
<b>Work Phone:</b>					

**IMUA Volleyball Club**

**WAIVER FORM**

Please complete all information below

**PLEASE PRINT CLEARLY** - Incomplete or illegible forms will not be processed.

PARTICIPANTS NAME: Last \_\_\_\_\_ First \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

I am aware that my participation in any IMUA Volleyball Club 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 service 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 #

**IMUA VOLLEYBALL CLUB  
Jason Companion  
266-F Reservation Road #505  
Marina, CA 93933**