

# ELITE BEACH

## VOLLEYBALL

### ATHLETE INFORMATION

Player Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Current Age \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

### PARENT INFORMATION

Parent/Guardian Name \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Email \_\_\_\_\_ Home Phone \_\_\_\_\_  
Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

### WAIVER AND RELEASE OF LIABILITY FORM

The above player is under the age of eighteen (18) years of age. The parent/guardian has read and completed the section below. The undersigned PARENT or GUARDIAN (**circle one**) of \_\_\_\_\_ (**minor's name**) hereby executes the foregoing Waiver and Release for and on behalf of the minor named herein. I hereby bind myself, the minor and all other assigns to the terms of the Waiver and Release. I represent that I have legal capacity and authority to act for and on behalf of the minor named herein, and I agree to indemnify and hold harmless the persons or entities mentioned above for any claims or liabilities assessed against them as a result of any insufficiency of my legal capacity or authority to act for and on behalf of the minor in the execution of the Waiver and Release. I agree to allow ELITE BEACH VOLLEYBALL / AVP ACADEMY CLOVIS to utilize the minor's photograph or any likeness of me created from her participation in ELITE BEACH VOLLEYBALL / AVP ACADEMY CLOVIS events or programs, without my approval in advance of such use, and without financial or other compensation due to me or the minor.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_