

Friday Fun Fall Volleyball Clinic at Cabrillo Beach with Coach Heather Quella

Registration and Waiver 6 Friday Sessions: September 25-October 30 .Cost \$100

Contact info: Shutterfly site for weekly check-in on **THURSDAYS**, or Heather at 310-344-0592.

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 _____

Please Select Payment Method: Check (Payable to Heather Quella) _____ Venmo (To: @Heather-Quella) _____. 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, physical, or clinical (disease- COVID) complications, which may affect the Participants' ability to safely participate in this activity. Participant does not exhibit any symptoms hereby mentioned. 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, ill, or should require medical or dental attention while participating in this class, I hereby authorize the overseeing instructors and/or representatives of 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 sign here

Signature _____ Date _____

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 coach respectfully. 2. I will work hard and give my best effort. 3. I will complete practice activities as assigned. 4. I will come prepared for each session, be focused and ready to learn. 5. I will have fun! I have read the participant expectations and I agree to abide by them as written.

Signature _____ Date _____