

2023 Port Washington Volleyball Youth Volleyball Clinic: Waiver Form

Parents Consent and Waivers Registration Instructions:

Read and sign the consent form below for your child if he/she is age 17 & under.

- A signed consent form must be turned in before the first clinic session on Sep. 28, 2023.

-----Parent/Guardian Consent for Participants 17 & Under-----

In this consent form, The 2023 Fall Port Washington Volleyball Youth Volleyball Clinic will be referred to as the "clinic".

By signing this letter I give permission for my child (clinic participant), _____, to participate in the 2023 Port Washington Fall Volleyball Youth Volleyball Clinic. I will also make sure he/she will bring gym attire (sneakers, t-shirt, and gym shorts), adequate fluids with them. In case of emergency, I should be contacted at:

Name: _____ Relationship to participant: _____

Home Number: _____ Mobile #: _____

Email Address: _____

I/we, the undersigned, hereby certify that I/we are the parent(s) or legal guardian(s) of the volleyball clinic participant. I/we hereby authorize the staff of the Port Washington Volleyball to act for me according to their best judgment in providing or arranging for emergency care in any emergency requiring medical attention. I/we hereby waive, release, absolve, indemnify, all organizations (including but not limited to Port Washington Volleyball and the Port Washington Union Free School District, coaches, staff, and volunteers involved with the clinic from any and all liability and for any and all injuries or illness incurred in connection with my child's attendance or participation at the volleyball clinic. I/we acknowledge that participation in this clinic may result in accidents and/or injuries and I expressly assume all risks and hazards incidental to such participation for my child. I hereby certify that my child, the clinic participant, is in good health and fully able to participate in all activities of the volleyball clinic. My child/participant has no known restrictions or any other factors that may limit her/him from participation or put him at risk. I/we will make arrangements to promptly pick-up my child at Carrie Weber Middle School by 8:30 pm or make travel arrangements for them after each clinic session.

By signing this form, I/we acknowledge having read and fully understand the above warning.

Parent/Guardian Name: _____

Parent's/Guardian Signature: _____ Date: _____

Participant's Name: _____

Participant's Signature (17 yrs. and over): _____