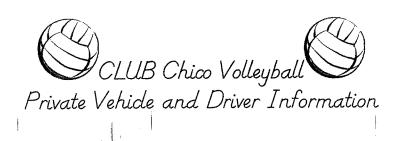


This form must be carried with the coach during all training and competitions. Please complete all sections of this form. Both the player and her parent/guardian must sign in all appropriate areas. By signing this form, the participants and parent/guardian affirms they have read and understand it.

Name			
City	State	Zip code	
Birthdate	grade	age	
CLUB Team Name			
below and is physically fit	gram. I certify that the particip to engage in the activities of the hey will serve to the best of their	, has my permission to participate ir pant has full medical insurance with the company list program. I approve the leaders and coaches of ability.	n the isted this
Participant signature		Date	
Parent/Guardian signature _		Date	
Parent phone			
Insurance Company & Grou	p Policy#		
Does this policy cover sports	related accidents? (circle one)	yes no	
MEDICAL RELEASE: check	one		
If my son or daughter s I hereby authorize you to obt	hould become ill or sustain an in ain emergency medical/dental ca	njury during his or her activities of the volleyball prog are.	ram,
Parent/Guardian Signature _			
I DO NOT authorize e	mergency medical/dental care for	r my daughter.	
Parent/Guardian Signature _			
Please list any medical condi	tions of participant:		



DRIVER INFORMA	ATION	l	
Driver's Name			1
Address			
	' [!]	Zip code	"
Cell phone #		Date of Birth	
Driver's License#			
Expiration Date			
VEHICLE INFOR	MATION		
Name of owner			
Address		(if different than above	:)
City	State	Zip code	
Make	Year		
License Plate#	# of seats	# of seatbelts	-
INSURANCE IN	FORMATION		
Insurance Company			
Policy Number		Expiration Date	
Liability Limits of Policy			·
Name of agent		Phone #	
I certify that the informinsurance coverage shall	ation listed above is tru bear primary responsibi	e and correct. I understand that : lity for any losses or claims for dam	if an accident occurs, my nages.
		İ	
Driver's signature		Date	***************************************

Player Waiver for CLUB Chico Volleyball program

		4 •		
PLAYER NAME				
		' ' '		
In consideration of being allowed to partic	cipate in any wa	ay in the above listed club sport, related events		
and activities, I, the undersigned, acknowledge	edge, appreciati	te and agree man.		
potential for permanent paralysis and dea discipline may reduce this risk, the risk of	serious injury do	ioes exist; and		
for my participation; and		wn and unknown, and assume full responsibility .		
3. I willingly agree to comply with the stated instructions and policies and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and				
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release, indemnify and hold Jackson Sports Academy, CLUB Chico Volleyball and their officers, officials, agents and/or employees, other sport participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event or activity ("Releases") harmless with respect to any and all injury, disability, death, or loss or damage to person or property, to the fullest extent permitted by law.				
I HAVE READ THIS RELEASE OF LIABILITY ITS TERMS, UNDERSTAND THAT I HAVE G AGREE TO IT FREELY AND VOLUNTARILY	SIAEM ON PORPLY	TION OF RISK AGREEMENT, FULLY UNDERSTAND FATNTIAL RIGHTS BY AGREEING TO IT, AND INDUCEMENT.		
Agreement Acknowledgment				
		DATE		

I am the parent or guardian of the above and I agree and accept the terms of this waiver.