



Athlete Participation Authorization Form

Event Name: Arizona Legacy Boys Volleyball Clinic / Open Gym

Event Dates: _____

Location: _____

Arizona Legacy is committed to respecting all regional and club policies regarding athlete participation during the club season. Athletes who are currently rostered with a volleyball club team may only attend this event with permission from their current club.

Athlete Information

Athlete Name: _____

Date of Birth: _____

Current Club Name: _____

Team (Age Group): _____

Parent/Guardian Acknowledgment

I understand that my athlete is currently rostered with a volleyball club team and that participation in outside training activities may require approval from their club. I confirm that I have contacted my athlete's club and requested permission for them to participate in this Arizona Legacy event.

Parent/Guardian Name (Print): _____

Signature: _____

Date: _____

Club Authorization

I, as a representative of the athlete's current club, grant permission for the above-named athlete to participate in the Arizona Legacy clinic/open gym listed above.

Club Name: _____

Club Director Name (Print): _____

Signature: _____

Email or Phone: _____

Date: _____

Important Notice

This event is a voluntary, skill development opportunity open to athletes from all clubs and schools. It is not a tryout and is not used for recruiting purposes. Arizona Legacy will not engage in conversations regarding club transfers or team placement at this event.