



## Shoreline Beach Club: 2<sup>nd</sup> Session: July 18<sup>th</sup> – July 29<sup>th</sup>, 2011

Registration, Medical Release and Waiver & Release of Liability Form (2 Pages)

Please complete this form. It is required to attend tryouts and participate in Shoreline Beach Club. Bring this form with you to tryouts or feel free to pre-register and send to Shoreline Beach Club, Attn: Sissy, 210 Highland Ct., Santa Cruz, CA 95060, along with the tryout fee of \$15.00. Please make payment/check out to Cecelia Nilssen.

### **Player/Parent Information:**

Player's Name: \_\_\_\_\_ Player's Age: \_\_\_\_\_

Please Circle which tryout the player will be attending: Beginner: "Jumbo Shrimps"

Intermediate: "Cut Shots" / Advance: "Digs" / Boys "Hammers"

Parent's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City & Zip: \_\_\_\_\_

Parent's email: \_\_\_\_\_

Home phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

In case of emergency – person other than parents: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Player's v-ball experience: \_\_\_\_\_

School Attending & Indoor Position: \_\_\_\_\_

Current Beach Rating:    AAA    AA    A    B    Unrated

Beach v-ball experience: \_\_\_\_\_

Player's goals: \_\_\_\_\_

\_\_\_\_\_

Parent's goals: \_\_\_\_\_

\_\_\_\_\_

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**Medical Insurance Information:**

Primary Insurance Co.: \_\_\_\_\_ Primary Group/Policy #: \_\_\_\_\_

Family Physician Name: \_\_\_\_\_ Physician Phone: \_\_\_\_\_

- Any medical conditions of which we should be aware:
- Any medications currently being taken:
- Any allergies:

If none, please write none.

I certify that the participant has full medical insurance with the company listed above. I certify to the best of my knowledge that the participant named hereon is physically fit to engage in the activities associated with volleyball training. If, during the course of my daughter's activities in volleyball, she become ill or sustain any injury, I hereby AUTHORIZE you to obtain emergency medical/dental care. I will assume financial responsibility for the bills incurred through my insurance company.

Parent(s) Signed : \_\_\_\_\_ Relationship: \_\_\_\_\_ Date: \_\_\_\_\_

**Waiver & Release of Liability:**

Parent(s) of player expressly agrees that Shoreline Beach Club, its coaches and Santa Cruz Port District and State Parks of Santa Cruz shall not be liable for any damages arising from injuries by the player while attending and participating in the Shoreline Beach Club (volleyball lessons). Furthermore, parent(s) of player acknowledges the existence of certain inherent risk of engaging in volleyball and exercises associated with volleyball. Parent(s) of player assumes full responsibility for any injuries, damages and loss of property arising from player's participation in Shoreline Beach Club (volleyball lessons). By signing this form the participant and their parent(s) affirms having read the entire Player Information, Medical Release and Waiver form and agree to all these statements.

Parent(s) Signed: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date: \_\_\_\_\_

Player's Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Shoreline Gear:**

The below Shoreline Gear is included in the Shoreline Beach Club program. Please circle the appropriate sizes below.

Sweatshirt: Youth: Med Large XL Adult: Small Med Large XL

T-shirt: Youth: Med Large XL Adult: Small Med Large XL

Tank (Mens): Adult: Small Med Large XL

OR

Tank (Ladies): Adult: Small Med Large XL

Women's Sport top: XS Small Med Large XL

OR

Men's Sport top: XS Small Med Large XL

Sand Socks: XSmall-men's 3-4, women's 4.5-6  
Med-men's 7-10, women's 8.5-12

Small-men's 4.5-6.5, women's 6.5-8  
Large-men's 10.5-12, women's 12-14

Color: White OR Blue Lighting