

Club Shoreline Volleyball

Registration, Medical Release and Waiver Form for the 13 and under clinic

Please return this form and payment of \$300.00 to

Sissy Nilssen, Club Shoreline, 210 Highland Court, Santa Cruz, CA 95060

Player/Parent Information:

Player's Name: _____

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: _____

Player's goals: _____

Parent's goals: _____

Shoreline Gear Size Information:

T-Shirt size - Youth: Small Medium Large X-Large

Adult: Small Medium Large

Sweatshirt - Youth: Small Medium Large X-Large

Adult: Small Medium Large

Player's Medical 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.

Signed: _____ Relationship: _____ Date: _____

Waiver & Release of Liability:

Parent(s) of player expressly agrees that Club Shoreline Volleyball and its coaches shall not be liable for any damages arising from injuries by the player while attending and participating in a volleyball lesson. 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 a volleyball lesson. 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 these statements.

Signed: _____ Relationship: _____ Date: _____

Player's Signed: _____ Date: _____