

Shoreline Beach Club: July 19th – July 30th, 2010

Registration, Medical Release and Waiver & Release of Liability Form

Please complete this form. It is required to attend tryouts and participate in Shoreline Beach Club.

Player/Parent Information:

Player's Name: _____ Player's Age: _____

Please circle: Beginner Intermediate Advance Boys

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: _____

Side you play – please circle: Right Left Both

Would role would you like – please circle: Blocker Digger Both

Current Beach Rating: AAA AA A B Unrated

Player's goals: _____

Parent's goals: _____

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.

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 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: _____