

Club Koa Volleyball

2019-2020 Tryout Registration Form

www.clubkoavbc.com

Player Name: _____ Birthdate: _____

Player Email: _____ Player School: _____

Parent(s) Name: _____ Position: _____

Parent Email: _____

Primary Contact #: _____

Participation: I, the undersigned, acknowledge that I have voluntarily enrolled my child, as named above (referred to as “player”) to participate in club volleyball tryouts for Club Koa, which shall encompass, but is not limited to, skill drills, contact drills, competition drills, and conditioning.

Assumption of Risk: I understand that club volleyball events, including but not limited to tryouts, clinics, practices, private and group lessons, involve strenuous physical activities, which may result in injury to the participants depending on the participant’s state of health and general condition. I warrant that the player is in good general health, and the player has not been advised by a medical doctor, or anyone else that the player should not engage in physical activities. The player is voluntarily participating in these activities with knowledge of the hazards involved and we hereby agree to accept any and all risks of injury or death.

Release: As consideration for being permitted by Club Koa to participate in these activities and to use one of Club Koa’s facilities including but not limited to Chaminade High School, I hereby agree that I, my assignees, heirs, guardians and legal representatives will not make claim against, sue or attach the property of Club Koa or any of its facilities (or the supplier of any equipment that will be used) for injury or damage resulting from acts howsoever used by any employee, volunteer, agent, or contractor of Club Koa as a result of the player’s participation in this given volleyball event. I hereby release Club Koa and any of its employees, volunteers, agents, contractors, or facilities from all actions, claims, or demands that I, my assignees, heirs, guardians and legal representatives now have or may hereafter have for injury or damage resulting from her participation in this given volleyball event.

Medical Care: If during the course of the player’s activities in this given volleyball event, she becomes ill or sustains injury, I hereby authorize Club Koa, its volunteers, agents, employees or representatives to obtain emergency medical/dental care for the player unless otherwise indicated below. I will assume financial responsibility for any and all bills incurred as a result of any treatment

***I have carefully read this agreement and fully understand its contents. I am aware that this is a release of liability between me, Club Koa and its employees, volunteers, agents or contractors and any of the facilities that it uses, and I sign it of my own free will.

Parent Guardian Signature _____ Date Signed: _____

Print Name of Parent or Guardian: _____ Emergency Phone: _____