



# PLAYER REGISTRATION



Please fill out completely and sign the waiver and release on the back side

Player Name: \_\_\_\_\_

School: \_\_\_\_\_

Grade: \_\_\_\_\_ Height: \_\_\_\_\_

Position 1 (if known): S OH MB RS DS L

Position 2 (if known): S OH MB RS DS L

Date of Birth: \_\_\_\_\_

Player Email: \_\_\_\_\_

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

T-Shirt Size (circle one) Adult: S M L XL XXL Youth: S M L XL

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

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

Parent/Guardian(s):

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

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

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

Questions or Comments? We can be reached at [dennis@socalsportsacademy.com](mailto:dennis@socalsportsacademy.com) 858-382-2122

**PLEASE FILL OUT BOTH SIDES OF THIS FORM**

**WAIVER AND RELEASE BY PARENT OF MINOR CHILD FROM LIABILITY FOR VOLLEYBALL**

I, \_\_\_\_\_, on behalf of \_\_\_\_\_ (hereinafter referred to as "CHILD")  
HEREBY WAIVE AND RELEASE, indemnify, hold harmless and forever discharge **SoCal Sports Academy, 951 Elite Volleyball** and its agents, employees, officers, directors, affiliates, successors and assigns, of and from any and all claims, demands, debts, contracts, expenses, causes of action, lawsuits, damages and liabilities, of every kind and nature, whether known or unknown, in law or equity, that I or CHILD ever had or may have, arising from or in any way related to CHILD'S participation in any of the events or activities conducted by, on the premises of, or for the benefit of, **SoCal Sports Academy and 951 Elite Volleyball** provided that this waiver of liability does not apply to any acts of gross negligence, or intentional, willful or wanton misconduct.

I understand that the activities that said CHILD will participate in are inherently dangerous and may cause serious or grievous injuries, including bodily injury, damage to personal property and/or death. On behalf of myself, CHILD, my heirs, assigns and next of kin, I and said CHILD waive all claims for damages, injuries and death sustained to me or my property, that I or said CHILD may have against the aforementioned released party to such activity.

CHILD has the necessary and requisite skills to participate in all facets of, and activities of and requested of this facility, except as noted below. The nature of the activities has been fully disclosed and any flyer, advertisement, or brochure relating to the participating activities is expressly made a part of this WAIVER AND RELEASE.

By this Waiver, I, on behalf of said CHILD, assume any risk, and take full responsibility and waive any claims of personal injury, death or damage to personal property associated with **SoCal Sports Academy and 951 Elite Volleyball**, including but not limited to engaging in volleyball games, training at the facility, using the facility and its equipment, practicing and/or engaging in volleyball tournaments, house leagues or other related activities on and off the premises.

This WAIVER AND RELEASE contains the entire agreement between the parties, and supercedes any prior written or oral agreements between them concerning the subject matter of this WAIVER AND RELEASE. The provisions of this WAIVER AND RELEASE may be waived, altered, amended or repealed, in whole or in part, only upon the prior written consent of all parties.

The provision of this WAIVER AND RELEASE will continue in full force and effect even after the termination of the activities conducted by, on the premises of, or for the benefit of, **SoCal Sports Academy and 951 Elite Volleyball** whether by agreement, by operation of law, or otherwise.

I have read, understand and fully agree to the terms of this WAIVER AND RELEASE. I understand and confirm that by signing this WAIVER AND RELEASE said CHILD and I have given up considerable future legal rights. I have signed this Agreement freely, voluntarily, under no duress or threat of duress, without inducement, promise or guarantee being communicated to me. My signature is proof of my intention to execute a complete and unconditional WAIVER AND RELEASE of all liability to the full extent of the law.

Medical Conditions. CHILD is subject to the following allergies or medical conditions, and I authorize the facility to disclose these conditions to a physician or other medical professional in the event said CHILD should require emergency medical care: \_\_\_\_\_  
\_\_\_\_\_

Prohibited Activities. As a result of the above-mentioned medical conditions, I, on behalf of said CHILD, am prohibiting involvements in the following specific activities: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent (Guardian)

\_\_\_\_\_  
Printed Name of CHILD

\_\_\_\_\_  
Printed Name of Parent (Guardian)

\_\_\_\_\_  
Health Insurance Policy #

\_\_\_\_\_  
Health Insurance Company