



951 Elite Volleyball
36595 Kevin Road, Ste 130
Wildomar, CA 92595
off of I15 and Clinton Keith

951.258.3488
info@951elitevb.com
www.951elitevb.com

951 Elite Volleyball Junior Spikers Local Teams

Registration Form

Name: _____ Date of Birth: _____

Address: _____

Parent/Guardian: _____ Email: _____

Home Phone: _____ Cell Phone: _____

School: _____ Grade: _____

T-Shirt Size: _____

Payment Options



Online or PayPal

Payments can be made online at www.951elitevb.com

Click on the "Online Payments" button and "Click here to Pay Now"

PayPal: email payment to pay951vb@ca.rr.com



Check

Payable to 951 Elite Volleyball



Credit Card

Most credit cards accepted in person via PayPal Here.

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 **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, **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 **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, **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)