

Summer Volleyball Control Skills Clinic Registration & Medical Release/Waiver of Liability Form

Player Information

Name (First MI Last): _____
Street Address: _____ City _____ Zip _____
Phone: _____ Email: _____
Grade: _____ School: _____ Birth Date: _____

Parent or Guardian Information

Name of Parent/Guardian: _____
Street Address: _____ City/Zip _____
Parent Email: _____
Alt Email: _____
Ph: _____ Work: _____ Cell1: _____ Cell2: _____

Standard Waiver of Liability & Emergency Contact Information

By my signature below, I give my child permission to participate in the 2023 Summer Volleyball Control Skills Clinic (VCSC), sponsored by Spanaway Volleyball. By my signature, I also certify that I am the legal parent and/or guardian of my child listed above and that my child is healthy and physically, mentally and emotionally able to participate. Additionally, I agree to waive, hold harmless, and release all participating coaches and staff members from all demands, claims, actions, and damages arising out of any incident occurring while participating in this event.

In my absence and in the event of a medical emergency, I do [] do not [] (Parent Initials One)
authorize or give my consent to the Coaches and Staff, or any licensed physician, to perform upon or administer medical attention to my child. _____ (Parent/Guardian's Initial)

If I cannot be reached at the above, please contact the following individual.

Name: _____ Relationship: _____
Address: _____
Phone: _____ Work: _____ Cell: _____

- ☐ Summer Ball Control Package, June & July, Priority Enrollment - \$525.00 (Save \$75)
- ☐ May Ball Control Skills (BCS) Clinic – N/A
- ☐ June Ball Control Skills (BCS) Clinic - \$300.00
- ☐ July Ball Control Skills (BCS) Clinic - \$300.00
- ☐ August Ball Control Skills (BCS) Clinic condensed to 2 weeks - TBD
- ☐ Summer League, May-July, Includes Ball Control Skills Clinic – N/A

Parent/Guardian's Signature

Date (Expires 1 Year from this Date)