

REACH Fall Clinic 2019 Registration Form



Please choose an option for Fall Clinics in October (10th, 15th, 17th, 22nd, 24th)

- 5 sessions for \$125
- 4 sessions for \$100
- 3 sessions for \$75
- 2 sessions for \$50
- Drop-In Rate of \$25 per session

Name of player: Last: _____ First: _____

Name of parent: Last: _____ First: _____

Address - Street: _____ City: _____ Zip: _____

Age group: U10 U11 U12 U13 U14 U15 U16 U17 U18

Birthday: ____/____/____

Club team played on last year: _____ (N/A – if not applicable)

School: _____ Grade: _____

Preferred position: Outside Right Side Middle Setter Libero/DS Not sure

Height: _____

Best contact phone for player: _____ (N/A – if not applicable)

Best contact phone for parent: _____

Best email for parent: _____

Liability Release

I acknowledge that volleyball or any sporting event is an extreme test of a person's physical and mental limits and that my participation in a volleyball event can cause potential death, serious injury, or property damage. With a full understanding of the potential risks, I HEREBY ASSUME THE RISKS OF PARTICIPATING OR OFFICIATING IN A VOLLEYBALL EVENT. I hereby take the following action for myself, my executors, administrators, heirs, next of kin, successors and assigns: a) I WAIVE, RELEASE, AND DISCHARGE from any and all claims or liabilities for death or personal injury or damages of any kind, EXCEPT THAT WHICH IS THE RESULT OF GROSS NEGLIGENCE AND/OR WANTON MISCONDUCT OF PERSONS OR ENTITIES LISTED BELOW, which arise out of or relate to my traveling to and from or my participation in any volleyball event, THE FOLLOWING PERSONS OR ENTITIES: Reach Volleyball Club, tournament directors, sponsors, and the officers, directors, employees, representatives, and agents of any of the above; b) I AGREE NOT TO SUE any of the persons or entities listed above for any of the claims or liabilities that I have waived, released or discharged herein; and c) I INDEMNIFY AND HOLD HARMLESS the persons or entities mentioned above from any claims made or liabilities assessed against them as a result of my actions

I give permission for _____ to fully participate in REACH Fall Clinics 2019.

Parent Signature _____ Date _____