



So-Cal Juniors Summer Clinics 2019

REGISTRATION FORM

6-8pm Every Tuesday and Thursday
 July 9th thru August 29th (16-Sessions)

(Scan and email forms to info@scjvolleyball.com or bring to our office address below)

Participants Name:	Grade Going Into:
Parent Name:	
Address:	
Phone: ()	

			Price Each	TOTAL
A-2	Registration PAY IN FULL (prior to May 15 th)		\$275.00	
A-3	Pay \$20 each session as you go	Equals \$320	\$20.00	
(PAY IN FULL includes a FREE T-Shirt)		FREE	SIZE=	
			Total Due:	

METHOD OF PAYMENT

<input type="checkbox"/> CASH <input type="checkbox"/> CHECK # _____ <input type="checkbox"/> CREDIT CARD (Visa, Mastercard, Discover, AMEX)
CC # _____ Exp: _____ cvv2: _____
Name: _____ Billing Zip: _____

I authorize So-Cal Juniors Volleyball Club, Inc. to process the payment amount indicated in this authorization form according to the information outlined above. The payment authorizations are for VOLLEYBALL CLINICS payments only and do not apply to club dues. NO Refunds of any kind. I WILL NOT initiate a stop payment or credit card chargeback with my bank. In the event a payment is declined or returned for any reason, a \$50.00 fee will be assessed for each incident.

SIGNATURE _____

DATE _____

So-Cal Juniors Volleyball Club, Inc. 11651 Markon Drive, Cypress, CA 92841

Tel # (714) 899.1970 info@scjvolleyball.com www.scjvolleyball.com



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ATHLETE PROFILE

Player [redacted] Age [redacted] DOB [redacted] School [redacted]
Mother [redacted] Father [redacted] Contact Email [redacted]
Address [redacted] City [redacted] Zip [redacted]
Mother's Cell ([redacted]) Father's Cell ([redacted]) Player's Cell ([redacted])
Played Club? Yes [redacted] No [redacted] What club? 2019 [redacted] 2018 [redacted] 2017 [redacted]
Were you referred to So-Cal Juniors? By Who? [redacted]

WAIVER OF LIABILITY AND MEDICAL RELEASE

[redacted], My Daughter/Son, here-in listed as player, is hereby given my consent to participate in organized tryouts, practices, clinics/camps, lessons, tournaments, travel events competition and/or gym use with So-Cal Juniors Volleyball Club, Inc.
For good consideration, the undersigned does hereby waive, release, acquit, and forever discharge So-Cal Juniors Volleyball Club, Inc., its officers, Directors, collectively and individually, coaches, other club members, players participating with the club, volunteer parents assisting with club activities, and any and all persons directly and indirectly associated with So-Cal Juniors Volleyball Club, Inc., and each of them from any and all acts, causes of action, claims, demands, cost of expenses on account of or which shall in some way develop out of any and all known and unknown personal injuries and property damages which the player/participant may suffer during the course of or as a result of the participation in any club activities including, but not limited to, tryouts, practices, tournaments, clinics, lessons, and travel to and from club events.
I, as a parent or guardian of player also give my permission for this player to receive minor medication when the need may arise. This will be given by the trainer or another adult in charge at the time. In case of emergency or in the event I cannot be reached, I authorize emergency treatment for my child at the nearest recognized medical facility.
I, as a parent or guardian of player also request that my child is permitted to travel with So-Cal Juniors Volleyball Club, Inc. Should any illness or accident affect my child, I will not hold So-Cal Juniors Volleyball Club, Inc., its owners, officers, directors, coaches, or parent drivers responsible or liable for medical or expenses in the care of my child. This authorization is given pursuant to Section 25.8 of the Civil Code of California.
In consideration of being allowed to participate in any way with the So-Cal Juniors Volleyball Club, Inc., Clinics, Camps, Skills Sessions, private lessons, tryouts, practices, tournaments, related events and activities, I, the undersigned, acknowledge, appreciate and agree that:
1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular skills, equipment, and personal discipline may reduce the risk, the risk of serious injury does exist; and
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation and the player participation; and
3. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS So-Cal Juniors Volleyball Club, Inc., and their officers, officials, agents and/or employees, coaches, other participants, sponsoring agencies, sponsors, and advertisers and if applicable, owners of premises used for the activity ("Releases"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.
This is to certify that I, as parent/Guardian with the legal responsibility for this participant, do consent and agree to his/her release as provided above of all the releases, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releases from ANY and ALL liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES to the fullest extent permitted by law.

[redacted] Parent/Guardian Printed Name [redacted] Parent/Guardian Signature [redacted] Date

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