

VOLLEYBALL CLINICS -2023 REGISTRATION FORM

6-7:30pm @ Cypress College, park in lot-5 for free Mar 13, 20, 27 / Apr 3, 17, 24

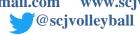
May 1, 8, 15, 22 / June 5, 12, 19, 26 = 14-Sessions

(Scan and email to scjvolleyball@gmail.com or text-657-777-0584)

Participa:	nts Name:	D.O.B:		Grade:	
Parent Na	ame: Schoo	School Name:			
Address:					
Email:	Phon	e: ()			
	2023 Clinics – Monday March-June 14-Sessions		Price	TOTAL	
23-PAG	Pay \$20 each session as you go = \$280		\$20.00		
23-F	15% Discount-Pay \$238 before February 28 th = \$17 per session		\$238.00		
23-F 23-T	FREE T-Shirt with pay-in-full option	Size =	\$236.00	FREE	
23-1	TREE 1-Shift with pay-in-run option	S12C -		TIKE	
2023	Clinics – SUMMER Tue/Thur July/August 15-Sessions EARI	LY REGISTRA	TION DISCO	OUNT	
23-SE	20% Discount-Pay \$240 before February 28 th = \$16 per session	1	\$240.00		
23-Н	FREE Hoodie with pay-in-full option	Size =		FREE	
	LIMITED SPACE AVAILABLE. SIGN-UP	EARLY!!!	1		
			Total:		
☐ Cash	•	celitevb@gmail.c	om		
☐ Cred	it Card (4% fee added)				
CC #		Exp:	cvv2:		
Name:	Name: Billing Zip:				
	OCAL JRS VBC to accept the payment amount indicated in this auge. The payment authorizations are for VOLLEYBALL CLINICS payref any kind.				
Parent Signatu	re Print		/Date	/	
	SOCAL JRS VOLLEYBALL 380 N. Palm St. #B, Brea, CA 92				

(657) 777-0584 fb @scjvolleyball









WAIVER OF LIABILITY AND MEDICAL RELEASE

Participant Full Name	D.O.B	/	<u>/20</u>		
Guardian Full Name	Guardian Cell(_)			
			o participate in		
For good consideration, the undersigned does hereby waiver, release, acquit, and forever discharge Ca officers, directors, Partnerships, collectively and individually, coaches, other club members, players p directly and indirectly associated with SOCAL JRS VBC and each of them from any and all acts, caus or which shall in some way develop out of any and all known and unknown personal injuries and prop the course of or as a result of the participation in any club activities including, but not limited to, tryou from club events.	alifornia Advantage Spo articipating with the clu ses of action, claims, des perty damages which the	orts, Inc. Dba, S b, volunteers, a mands, cost of e player/partici	and any and all persons expenses on account of pant may suffer during		
I, as a parent or guardian of player also give my permission for this player to receive minor medication other adult in charge at the time. In case of emergency or in the event I cannot be reached, I authorize medical facility. I, as a parent or guardian of player also request that my child be permitted to travel v my child, I will not hold SOCAL JRS VBC its owners, officers, directors, coaches, or parent drivers rechild. This authorization is given pursuant to Section 25.8 of the Civil Code of California.	emergency treatment for with SOCAL JRS VBC	or my child at tl Should any illn	he nearest recognized less or accident affect		
Assumption of Risk Relating to Coronavirus/COVID-19					
COVID-19 CONTAGIOUS NATURE: I acknowledge the contagious nature of COVID-19 and volunt that the Player, my children, my family members, and I (hereafter my "Family") may be exposed to or exposure or infection may result in personal injury, illness, permanent disability, and death. I understapolicy and understand that mask wearing is not a requirement but an option.	r infected by COVID-19	by our partici	pation and that such		
ASSUMPTION OF COVID-19 RISK: I understand that the risk of becoming exposed to or infected b omissions, or negligence of myself and others, including, but not limited to, Club employees, voluntee agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself, the P injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or the with my Player's attendance at the Club or participation in Club programming ("Claims"). In conside VBC clinics, camps, skills sessions, private lessons, tryouts, practices, tournaments, related events and agree that:	ers, and program participly and my Family (in Player, and my Family (in Player or my Family eration of being allowed)	pants and their ncluding, but r may experience to participate	families. I voluntarily not limited to, personal e or incur in connection with the SOCAL JRS		
The risk of injury from the activities involved in this program is significant, including the potential for equipment and personal discipline may reduce the risk, the risk of serious injury does exist; and I KNO both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASES of and the player participation; and I, for myself and on behalf of my heirs, assigns, personal representation AND HOLD HARMLESS SOCAL JRS VOLLEYBALL, their officers, officials, agents and/or emplosponsors, advertisers and if applicable, owners of premises used for the activity ("Releases"), WITH FOLATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCO extent permitted by law. I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, ANY INDUCEMENT.	OWINGLY AND FREE rothers, and assume full ives and next of kin, HE oyees, coach's, other parkesPECT TO ANY ANE OF THE RELEASES FRISK AGREEMENT,	ELY ASSUME I responsibility REBY RELEA rticipants, spon ID ALL INJUR OR OTHERW FULLY UND	ALL SUCH RISKS, for my participation ASE, INDEMNIFY, asoring agencies, RY, DIABILITY, VISE, to the fullest ERSTAND ITS		
This is to certify that I, as parent/Guardian with the legal responsibility for this participant, do all the releases, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemn liabilities incident to my minor child's involvement or participation in these programs as provid NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.	ify and hold harmless	the Releases f	rom ANY and ALL		
			/ /		
Parent Signature Print		Date			
SOCAL JRS VOLLEYBAI	LL				

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380 N. Palm St. #B, Brea, CA 92821



