



## 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](mailto:scjvolleyball@gmail.com) or text-657-777-0584)

Participants Name:	D.O.B:	Grade:
Parent Name:	School Name:	
Address:		
Email:	Phone: (   )	

	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 <sup>th</sup> = \$17 per session		\$238.00	
23-T	FREE T-Shirt with pay-in-full option	Size =		FREE
2023 Clinics – SUMMER Tue/Thur July/August 15-Sessions EARLY REGISTRATION DISCOUNT				
23-SE	20% Discount-Pay \$240 before February 28 <sup>th</sup> = \$16 per session		\$240.00	
23-H	FREE Hoodie with pay-in-full option	Size =		FREE
LIMITED SPACE AVAILABLE. SIGN-UP EARLY!!!				
Total:				

### METHOD OF PAYMENT

<input type="checkbox"/> Cash	<input type="checkbox"/> Check # _____	<input type="checkbox"/> Venmo @Micah-Burpo	<input type="checkbox"/> Zelle scelitevb@gmail.com
<input type="checkbox"/> Credit Card (4% fee added)			
CC # _____		Exp: _____	cvv2: _____
Name: _____		Billing Zip: _____	

I authorize SOCAL JRS VBC to accept 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.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Print

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

**SOCAL JRS VOLLEYBALL**  
380 N. Palm St. #B, Brea, CA 92821

(657) 777-0584

[scjvolleyball@gmail.com](mailto:scjvolleyball@gmail.com)

[www.scjvolleyball.com](http://www.scjvolleyball.com)



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## WAIVER OF LIABILITY AND MEDICAL RELEASE

Participant Full Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ / \_\_\_\_\_ /20\_\_\_\_\_

Guardian Full Name \_\_\_\_\_ Guardian Cell(\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_, My Participant, 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 SOCAL JRS VBC.

For good consideration, the undersigned does hereby waiver, release, acquit, and forever discharge California Advantage Sports, Inc. DbA, SOCAL JRS VBC its officers, directors, Partnerships, collectively and individually, coaches, other club members, players participating with the club, volunteers, and any and all persons directly and indirectly associated with SOCAL JRS VBC 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 other 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 be permitted to travel with SOCAL JRS VBC Should any illness or accident affect my child, I will not hold SOCAL JRS VBC 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.

### Assumption of Risk Relating to Coronavirus/COVID-19

COVID-19 CONTAGIOUS NATURE: I acknowledge the contagious nature of COVID-19 and voluntarily agree to the terms described within and assume the risk that the Player, my children, my family members, and I (hereafter my "Family") may be exposed to or infected by COVID-19 by our participation and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that SOCAL JRS VBC has a "Comfort Level" mask policy and understand that mask wearing is not a requirement but an option.

ASSUMPTION OF COVID-19 RISK: I understand that the risk of becoming exposed to or infected by COVID-19 at the Club may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Club employees, volunteers, and program participants and their families. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself, the Player, and my Family (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or the Player or my Family may experience or incur in connection with my Player's attendance at the Club or participation in Club programming ("Claims"). In consideration of being allowed to participate with the SOCAL JRS VBC clinics, camps, skills sessions, private lessons, tryouts, practices, tournaments, related events and activities, I, the undersigned, acknowledge, appreciate and agree that:

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 I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASES or others, and assume full responsibility for my participation and the player participation; and I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS SOCAL JRS VOLLEYBALL, their officers, officials, agents and/or employees, coach's, other participants, sponsoring agencies, sponsors, advertisers and if applicable, owners of premises used for the activity ("Releases"), WITH RESPECT TO ANY AND ALL INJURY, DIABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASES 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.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Print

\_\_\_\_\_  
Date

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