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**CLUB ACE LONG ISLAND**

*c/o Emily Mansur  
250 Physical Education Building  
230 Hofstra University  
Hempstead, NY 11549 - 2300*

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*E-mail: [contact.calivolleyball@gmail.com](mailto:contact.calivolleyball@gmail.com)*

**Assumption of Risk and Insurance Policy Statement**

For participation in activities with Club Ace Long Island Volleyball (CALI)

I acknowledge and agree that my daughter's participation in any activity organized by Club Ace Long Island Volleyball (CALI) is entirely voluntary. I understand that participation may involve inherent risks, including but not limited to physical injury, property damage, or other loss, whether caused by my daughter or affecting her as a result of participation. I further acknowledge that Club Ace Long Island and its affiliates are not liable for any injury, illness (including but not limited to COVID-19), damage, or other losses my daughter may cause or sustain while using Club Ace Long Island facilities or equipment, or while participating in any CALI-sponsored program, clinic, or event. I understand that Club Ace Long Island does not provide insurance coverage for injuries or damages sustained during participation. I certify that my daughter is covered under a valid and current personal health and accident insurance policy, and I accept full responsibility for any and all medical expenses, damages, or other costs resulting from her participation. By signing this statement, I voluntarily assume full responsibility for all risks associated with my daughter's involvement in CALI activities, including the use of facilities, equipment, and participation in any related programming.

Note: Athletes will not be permitted to participate in any CALI activities until this signed form is completed and submitted.

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Name of the Athlete

*CALI Volleyball Tryout 2025*

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Name of Event

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Parent/Guardian Name

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Cell Phone Number Evening Phone

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Insurance Policy Carrier Policy Number

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Date

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Parent/Guardian signature