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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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*CALI Office: (516) 725-5856  
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 understand and agree that the participation of my daughter in any activity with Club Ace Long Island is voluntary. I further understand and agree that Club Ace Long Island is not liable for any injury, damage, or other loss which my daughter may cause or incur, or may cause others to incur, while using Club Ace Long Island facilities or equipment, or while participating in any camp provided by Club Ace Long Island and/or its affiliates. I am aware that Club Ace Long Island DOES NOT carry insurance coverage for any injury or damage that daughter might cause or incur while using Club Ace Long Island equipment or facilities. I have insurance coverage for and specifically assume responsibility for all risks, injuries, damages, or other losses that my daughter might cause or incur while using any Club Ace Long Island equipment and/or facilities, while participating in any program, exercise or activity affiliated.

Note: Athletes who do not have this form completed by the start of the session will not be permitted to participate in any/all related activity until this form is completed and returned.

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Name of the Athlete

*CALI Volleyball Tryout 2021*

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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