



# AZ KINGS 2025-2026 Player Information & Waiver Acknowledgment

AZ Kings Program:  GIRL'S CLUB  REC LEAGUE  JUNIOR LEAGUE  PRO TEAM  OTHER \_\_\_\_\_

Experience (YRS): \_\_\_\_\_ Affiliate: \_\_\_\_\_

### Player Information

Player Name: \_\_\_\_\_ DOB: \_\_\_\_\_ AGE: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

### Parent / Guardian Information

Parent/Guardian Name: \_\_\_\_\_ Cell Number: \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Cell Number: \_\_\_\_\_ Email: \_\_\_\_\_

### Photo/Video Release

I hereby give permission for images of my child, captured during **AZ Kings Volleyball Club 2025-2026** Season through video, photo, and digital camera, to be used solely for the purpose of **AZ Kings Volleyball Club** (Organization) Promotional material and publications, and waive any rights of compensation or ownership thereto.

Name of Parent/Guardian (please print): \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Liability Waiver Acknowledgement

Each guest hereby release and agrees to hold harmless Arizona Kings Sports, Inc., its shareholder, officers, directors, and Elite Coaching Academy LLC, its members, officers, and directors, and the AZ Kings Volleyball Club, for all liability of personal injuries and/or property damage of any kind sustained while on premises of any practice/laying sites of the Arizona Kings Sports, Inc., and AZ Kings Volleyball Club, including any and all negligence of the officers, employees, or agents of the club and specifically any illness, hospitalization or medical care related to COVID-19.

Name of Parent/Guardian (please print): \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_ Date: \_\_\_\_\_

### Payment Information

#### **Automatic Payment Authorization (EFT)**

Account Type:  Checking  Savings  Other \_\_\_\_\_

Bank Name: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Account Holder Name: \_\_\_\_\_ ABA Routing #: \_\_\_\_\_ Account # \_\_\_\_\_

#### **Credit Card / Debit Card Information Authorization**

Card Type:  Mastercard  VISA  Discover  AMEX  Other \_\_\_\_\_

Cardholder Name (as shown on the card): \_\_\_\_\_ Card Number: \_\_\_\_\_

Expiration Date (mm/yy): \_\_\_\_\_ 3 Digit Code: \_\_\_\_\_ Card Holder Zip Code: \_\_\_\_\_

I, \_\_\_\_\_, authorize AZ KINGS VOLLEYBALL to charge my credit card or EFT Funds from my bank account noted above for the agreed upon 2024-2025 club season. I understand that my information will be saved to file for future transactions on my account.

I, \_\_\_\_\_, will be paying by cash on the 1<sup>st</sup> of each month beginning December 1, 2024

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***All Payments are non-refundable per contract.***