



## VOLLEYBALL CLINICS – SUMMER 2025 REGISTRATION FORM

Tuesday/Thursday 6:30-8pm @ Cypress College  
Park in Lot-5

July 1, 3, 8, 10, 15, 17, 22, 24, 29, 31

August 5, 7, 12, 14, 19, 21

(Scan and email to [true@truevball.com](mailto:true@truevball.com) or text-714-900-1375)

Participants Name:	D.O.B:	Grade:
Parent Name:	School Name:	
Address:	City:	Boy or Girl:
Email:	Phone: ( )	

### METHOD OF PAYMENT

				<b>TOTAL</b>
25-S-PIF	Pay \$320 upfront (20% discount, \$20 per session)	\$20x16 sessions	\$320.00	
25-S-PAG	Pay \$25 each session as you go (\$400 total)		\$25.00	
<b>**REGISTER FOR A 2025-26 SEASON TEAM IN JUNE AND ALL CLINICS/PRACTICE ARE INCLUDED</b>				
				<b>Total:</b>

☐ Cash    ☐ Check    ☐ Venmo @TRUE-Vball    ☐ Credit Card (4% fee added)

CC # \_\_\_\_\_ Exp: \_\_\_\_\_ cvv2: \_\_\_\_\_

Name: \_\_\_\_\_ Billing Zip: \_\_\_\_\_

I authorize TRUE VOLLEYBALL to accept the payment amount indicated in this authorization form according to the information outlined above. The payment authorizations are for VOLLEYBALL CLINICS only and do not apply to club membership. NO REFUNDS of any kind.

For good consideration, the undersigned does hereby waive, release, acquit, and forever discharge TRUE VOLLEYBALL, 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 TRUE VOLLEYBALL 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 TRUE VOLLEYBALL Should any illness or accident affect my child, I will not hold TRUE VOLLEYBALL 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. 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 TRUE 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

**TRUE ATHLETICS TRUE VOLLEYBALL**  
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