

# 2017/2018 Season Aspire Volleyball Athletic Training Registration Form

Player/Participant's Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Date Of Birth: \_\_\_\_\_ Grade : \_\_\_\_\_

School: \_\_\_\_\_

Please Check One:

Check	Description	Cost
<input type="checkbox"/>	I am currently not on an Aspire team where the athletic training program is included but would like to register for the Standard Aspire in-house Athletic training program which consists of 40 45-minute training sessions (2 per week).	\$375.00
<input type="checkbox"/>	I am currently not on an Aspire team where the athletic training program is included but would like to register for the half size (once per week) Aspire in-house Athletic training program which consists of 20 45-minute training sessions (1 per week).	\$190.00

Please make checks payable to "Aspire Volleyball" and include with the registration form or fill out a credit card authorization form and attach/clip to this form and place it into the grey drop box.

I agree to the following:

This agreement is not assignable or transferrable by the participant. By use of the facilities provided by the Aspire Volleyball Club or its partners, the player and their parent expressly agree that the Aspire Volleyball Club shall not be liable for any damages arising from personal injuries sustained by the player or their guest(s) in, or about the premises of said facilities and further agrees the Aspire Volleyball Club shall not be liable for any loss or theft of personal property. Player and their parent assume full responsibility for any injuries, damages or losses which may occur to the player or guest, in or about the premises of said facilities and does hereby fully and forever release and discharge the Aspire Volleyball Club, owners, employees and agents from any and all claims, demands, damages, rights of action, or causes of action, present or future, whether the same be known or unknown, anticipated, or unanticipated, resulting from or arising out of the player's or guest's use or intended use of said facilities or the facilities and equipment thereof provided, however, that nothing contained shall release or discharge the Aspire Volleyball Club from its negligence or the negligence of its employees, or officers.

Player warrants, represents and agrees that the player is in good physical condition and that they have no disability, impairment or ailment that prevents them from engaging in active or passive exercise that will be detrimental to their health, safety, comfort of physical condition if they do so engage or participate. It is recommended that everyone consult their own physician before beginning any exercise program. Players shall not be relieved of their obligations to make any payment herein agreed to and no deduction or allowance from said payments shall be made by reason of the absence or withdrawal of the player from the clinic or by reason of the player's failure to attend or use the facility.

Understanding the stipulations and having discussed these with my son/daughter, I agree to support their participation in the Aspire Volleyball Club's summer clinic/s.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date