

REEF VBC

Junior Spikers' Registration Form

Participant's Name: _____ T-Shirt Size: _____

Address: _____

City: _____ State: _____ Zip: _____

Age: _____ Birth Date: _____ Height: _____ Weight: _____

School: _____ Grade: _____

Any Volleyball Experience? _____

Mother's Name: _____

Father's Name: _____

Email: _____

Cell Phone(s): _____

How did you hear about Reef? _____

Junior Spiker's Agoura High School

Practices: Wednesdays 5:00-6:30PM—\$25 per practice (\$250 for 10 practices)

Register for all practices get a FREE T-Shirt!

DATES: (check the dates you wish to register for)

Mar 4

Apr 1

Apr 29

Check or Cash Payment

Mar 11

Apr 8

May 6

Please make check payable

Mar 18

Apr 15

to Reef VBC

Mar 25

Apr 22

REEF VBC Waiver and Release of Liability

This form must be signed before any person can participate for REEF VBC as a player participant in the club's volleyball training and competition program. As a participant, I acknowledge that volleyball is an extreme test of a person's physical and mental limits and carries with it the potential for serious injury and great bodily harm. Players will frequently fall, contact one another, dive for balls, jump and land on the foot or other body part of another player's body, and encounter numerous other injury-causing events. I hereby assume the risks for participating in the activities associated with playing volleyball for REEF VBC. I hereby waive, release, and discharge from liability for any claims for damages for personal injury or death which arises out of or is related to my participation in these volleyball activities. As the player participant signing above is under the age of 18 and I have enrolled my child in this clinic, I as the parent/guardian of the above named child, do hereby consent to the minor's participation in this clinic and consent to the terms of the waiver.

Parent/Guardian Signature: _____ Date: _____