



**Pulse VBC Waiver**

**Players Name** \_\_\_\_\_ **Players Phone** \_\_\_\_\_

**Player Position** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Indoor Player Division: (Circle) Mini 11U 12U 13U 14U 15U 16U 17U 18U**

**Please Circle if your player is also participating in Pulse Beach:**

**Drop Ins                      May Beach June                      Drop Ins July**

**Circle:                      Boy                      Girl**

**Medical Insurance Information: Company** \_\_\_\_\_ **Card number** \_\_\_\_\_

**Parent/Guardian Name(s)** \_\_\_\_\_ **Emergency Contact** \_\_\_\_\_

**Best Email** \_\_\_\_\_

**PLAYER Allergies, Medical Issues or Injuries** \_\_\_\_\_

\*Don't forget to complete the Google Form prior to clinics. Find the form on our website.

\*\*only one Waiver is needed for ALL Pulse Summer Trainings, Beach & Indoor

**Write in amount paid: Paid via Cash** \_\_\_\_\_ **Check,** \_\_\_\_\_

**Venmo @Pulse-VBC** \_\_\_\_\_ **Beach Drop Ins Only @Glen-Glariada** \_\_\_\_\_

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**Waiver of claims:** It is agreed that by signing below, that the use of facilities and the participation in Pulse Volleyball Club Training and Tryouts shall be entered by each player at their own risk. Training includes all indoor, grass and sand training; practices, clinics, camps, conditioning, strength training, small group, individual training, and tryouts. By signing you acknowledge that the Pulse VBC, Pulse coaches, facility owners, operators, City of Ripon, City of Modesto, Parks and Recreation, Big Valley Christian Schools, Escalon School District and any other facility that Pulse might use, shall not be liable for any injuries, illness, and/or damage by or to any member or player or be subject to any claim whatsoever for any reason. I certify that my daughter is in overall good physical and mental condition and can partake in an athletic schedule/workout. I grant permission for the instructors and coaches to act for me in their best judgment in any emergency requiring medical attention including treatment at a local hospital. I am also aware that these workouts may or may not be sanctioned by the NCVA, USAV or AAU. By signing below, I have read, understood and agree to the terms and conditions outlined here.\*This waiver shall extend to all 2026-27 Indoor, grass and sand Trainings, Clinics, Lessons, Practices, Camps, Tournaments, and Tryouts offered by Pulse Volleyball Club.

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

**Print Name:** \_\_\_\_\_

**Passion, Integrity & Heart!**