



Pulse VBC Clinic Registration Form & Covid Waiver

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

Date of Birth \_\_\_\_\_ Player Division: (Circle One) Mini 12U 13U 14U

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

Medical Insurance Company: \_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_

Emergency Contact Number \_\_\_\_\_

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

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

Paid via Cash \_\_\_\_\_, Check, \_\_\_\_\_ Venmo @Pulse-VBC \_\_\_\_\_

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♥ Pre-Tryout Clinics 12U, 13U & 14U / (Circle all that apply) \$25 each session

Saturday's @ Escalon HS Main Gym

12U & 13U / 3-5pm

Sept. 18th Sept. 25th Oct. 2nd Oct. 9th

14U / 5-7pm

Sept. 18th Sept. 25th Oct. 2nd Oct. 9th

♥ Mini's Clinic 4U-8U / (Circle all that apply) \$15 each session

Sunday's 12-1pm @ Big Valley Christian HS Main Gym

Sept. 26th Oct. 3rd Oct. 10th

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 2021-22 Indoor, grass and sand Trainings, Clinics, Lessons, Practices, Camps, Tournaments, and Tryouts offered by Pulse Volleyball Club.

COVID-19:

I understand the risks involved in participating in physical activities and recognize the potential health risks due to COVID-19 (novel coronavirus). By allowing my child to participate in Pulse Volleyball Club (Pulse) activities including but not limited to volleyball clinics, practices, scrimmages, camps, personal training, and tryouts, I accept that my child may be injured and the risk of contracting COVID-19 could increase. I knowingly, voluntarily and willingly assume these risks. By signing this waiver, I am consenting to my child participating in Pulse activities; I am confirming that my child is healthy and in good physical condition; that my child has not been diagnosed with COVID-19; that my child is not experiencing any symptoms related to COVID-19; that I have no knowledge of any physical condition or impairment that would limit my child's involvement or prevent participation in Pulse activities. If anything changes and our daughter or anyone that she has come in contact with has been exposed or has contracted COVID-19, we will inform Pulse VBC Director, Adrienne Beltrami immediately, and follow the proper protocol.

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

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

Passion, Integrity & Heart!