

ANGELS OF ALBUQUERQUE VOLLEYBALL CLUB
All Skills Waiver Release Form

Player's First Name: _____ Last Name: _____

Street Address: _____ City: _____ Zip: _____

Date Of Birth: _____ (ex. 01/02/99) Age: _____ Grade _____

Allergies and/or medical conditions that we need to be aware of:

Parent/Guardian Name(s)

(please print legibly) _____

Parent Email (please print legibly) _____

Phone number (please print legibly) _____

In case of Emergency, Contact (please print legibly) _____

Phone (please print legibly) _____

Medical Waiver: I fully understand that Angels of Albuquerque Volleyball Club staff members are not physicians or medical practitioners of any kind. I hereby release Angels of Albuquerque Volleyball Club staff to render temporary first aid to my child, or children, in the event of any injury or illness, and if deemed necessary to call and seek medical help, including transportation to a hospital or medical facility by ambulance.

Waiver: I recognize the risks and hazards associated with the sports play and my child may suffer injuries, possibly minor, serious or catastrophic in nature I further agree to encourage my child to follow all the safety rules and the coaches' instruction. The Angels of Albuquerque Volleyball Club coaches and other staff members will not accept responsibility for injuries sustained by any child or participant during the course of Angels Volleyball Club Skills Clinic. Participant agrees to hold Angels of Albuquerque Volleyball Club, coaches, and staff harmless from all injuries to persons occurring as a result of or in any way connected with your presence at Angels of Albuquerque Volleyball Club Clinics or on the premises used by Angels of Albuquerque Volleyball Club for these events. Parent also authorizes Angels of Albuquerque Volleyball Club and its staff to act on Parent's behalf according to the best of their knowledge in any emergency situation requiring medical attention.

I fully understand that there are no refunds/transfers/credits for the monthly fees, tournaments fees, uniform fees and fan-wear orders.

Parent/Guardian Signature: _____ Date: _____