



**Clinic Registration Form**

_____ Player Name		_____ Date of Birth & Age	
_____ Parent's/Guardian's Name		_____ Parent's/Guardian's Name	
_____ Home Phone	_____ Cell Phone	_____ Home Phone	_____ Cell Phone
_____ Email Address		_____ Email Address	
_____ Address		_____ City, ST ZIP Code	

**Additional Player Information**

_____ School		_____ How did you hear about Club SouthBay?	
_____ Grade	_____ Height	_____ Other Sports	
_____ Position (s)		_____ Favorite Athlete	

**Waiver and Release:** I acknowledge that volleyball or any sporting program is an extreme test of a person's physical and mental limits and that my child's participation in the volleyball program can cause potential death, serious injury, or property damage. With a full understanding of the potential risks, I HEREBY ASSUME MY CHILD'S RISKS OF PARTICIPATING IN THE VOLLEYBALL PROGRAM.

I hereby indemnify, defend and hold harmless Club SouthBay, (Axis Volleyball, Inc.) and its owners, officers, agents, volunteers and coaches from any and all claims arising out of injury, accidents, or illness to my child - named above, while participating in any Club clinics, programs, tryouts, training, practices, tournaments, Club events and activities as well as travel associated with Club Activities. I authorize the Club to act for me according to their best judgment in any emergency or other situations related to Club Activities requiring medical attention or discipline.

**Photo/Media Release:** I hereby agree for my child to be filmed, videotaped and photographed, and to have my child's name, image, picture, likeness, voice and biographical information otherwise recorded, in any media, during Club SouthBay sanctioned events. I hereby grant Club SouthBay, with no financial or other compensation due to me, full right and license to use, the video and photo of my child for: (1) news and information purposes, (2) promotion of club activities in which my child attends, (3) and promotion of Club SouthBay.

I hereby certify that the information provided is being done directly by myself or by me, as the legal guardian representing a minor, and that it is true and accurate to the best of my knowledge.

My signature below constitutes consent to the applicability of the preceding paragraphs for the duration of my child's participation with Club SouthBay.

PARENT SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

**To Register: Please scan and email the completed form to [clubsouthbay@gmail.com](mailto:clubsouthbay@gmail.com)  
Payments can be paid at the door through Cash or Check**