



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
Payments can be mailed to PO Box 25210, Los Angeles, CA 90025 postmarked by June 10th or paid at the door**