

SOUTH END JUNIORS VOLLEYBALL CLUB

2012 Medical & Liability Release Form

Please print information clearly

I hereby authorize and give my consent to the *South End Juniors Volleyball Club* Staff or any licensed physician to perform upon or administer to:

Name of Participant: _____

Insurance Co: _____ Policy #: _____

Name, Number, and Relation of Emergency Contact:

By my signature below, I give my daughter _____ permission to participate in the South End Juniors Volleyball Club tryouts. By my signature, I also certify that I am the legal parent and/or guardian of my daughter. I also understand that by my signature, I agree to waive, hold harmless, and release Highline Community College, Sports For Youth Foundation, South End Juniors Volleyball Club and all coaches from all demands, claims, actions, and damages arising out of any incident occurring during participation in this tryout.

Parent/Guardian Signature

Date

Players will not be admitted to the tryout unless this form is completed, signed, and turned in prior to participation.

If Pre-registering for Tryouts, Return All Forms and Payments to:

Or; turn All Forms and Payments in at tryouts

Sports For Youth Foundation

6101 110th Ave SE

Bellevue WA 98006

Questions? 425-255-8102 / info@sportsforyouth.com