



Volleyball Clinic(s) Registration Form

Child/Parent INFORMATION

Name: _____

DOB: _____ Age: _____

Parent or Guardian: _____

City/ZIP: _____ Street: _____

Cell Phone: _____ Home Phone: _____

Email: _____ Emergency Contact: _____

Known Allergies/ Medications: _____

Are you signing up more than one child? If so write their name(s)
here: _____

Are you paying per clinic or clinic package (both clinics)? _____

Photo Release:

I give Athletic Edge permission to publish in print, electronic, or video format the likeness or image of my child for media purposes. I release all claims against Athletic Edge with respect to copyright ownership and publication including any claim for compensation related to the use of materials.

Parent/Guardian Signature _____ Date _____

For Staff Use Only

One Child Per Clinic: \$40 Additional Sibling(s) \$25.00

Clinic Package (Both clinics): \$75 Additional Sibling(s) \$65.00

Date Received _____

Total Amount Paid _____ Cash _____ Check # _____ Credit _____

Employee Initials _____

I hereby voluntarily permit me or my child to participate. I UNDERSTAND AND FULLY ACCEPT THAT THERE ARE RISKS INVOLVED IN SPORTS, AND THAT ACCIDENTS AND INJURIES ARE COMMON AND ARE ORDINARY OCCURRENCES OF SPORTS. I HEREBY AGREE TO ACCEPT ANY

AND ALL RISKS OF INJURY OR DEATH, AND VERIFY THIS STATEMENT BY PLACING MY INITIALS HERE. _____ (**Initial Here**) As consideration for being permitted to participate in these activities, I hereby release and hold harmless Athletic Edge, staff, volunteers, designated coaches, and program officials from all liability, and from all actions or claims that I or my child now or hereafter have for damage or injury to me or my child, or to any person or property, resulting from the negligence or other acts of any employees or volunteers in connection with me or my child's participation. I further agree that this waiver, release and assumption of risks is to be binding on the heirs and assigns of the undersigned. I further agree to indemnify and to hold Athletic Edge (its officers, employees, agents and volunteers) free and harmless from any loss, liability, damage, cost or expense which they may incur as a result of any injury and/or property damage that I or my child may cause or sustain while participating in this activity. In case of a medical emergency, I hereby give permission to Athletic Edge Staff, Trainers and Volunteers to order treatment for me or my child, including any necessary medical treatment and x-rays. I also hereby give permission to Athletic Edge Staff and Volunteers to disclose the information contained on this form to medical personnel. I understand that an attempt will be made to reach me by phone when a diagnosis is completed. I agree to pay all medical, hospital, or other expenses which my child or I may incur as a result of such treatment. Athletic Edge also does not provide any medical or other insurance protection or benefits for those who participate in any Athletic Edge sports leagues. Furthermore, due to the nature of community spread, those affected by Covid-19 cannot identify where the contact came from. Athletic Edge is not liable for any illness spread. Athletic Edge is doing our best to follow CDC guidelines to our best ability.

I HAVE CAREFULLY READ THIS RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN ME AND ATHLETIC EDGE SPORTS AND FITNESS AND SIGN IT OF MY OWN FREE WILL.

Parent or Guardian signature: _____

Date: _____