BEACHBONES V.C.

PLAYER INFORMATION
(Please fill out completely, and have your parent sign at the bottom.)

First: _____ Last:_____, Gender: M / F

Age: _____ Date of Birth: _____ Grade: _____Height: _____ Weight:_____

Position: Outside Hitter Middle Blocker Setter Opposite Libero
(You may circle more than one.)

Jersey/T-Shirt Size: S M L XL XXL Jersey Number: (3 choices) _____,_____, _____,

Shorts: S M L XL XXL Sweatshirt: S M L XL XXL Sweat-pants: S M L XL XXL

What jr/high school do you attend? : _____

Home address: _____

City: _____, CA Zip: _____

Parent E-mail Address: _____

Personal E-mail_____HomePhone(_____)_____

Cell Phone:(_____)_____

Parent/Guardian Names: _____

Mom Cell_____ Dad Cell_____

Any and all risks assumed by participant in all aspects of the BEACHBONES VOLLEYBALL CLUB PROGRAM, and any other exercise or activity available at the BEACHBONES Club, shall be undertaken by said participant. The BEACHBONES Club Company shall not be liable for any claims, demands, injuries, or cause of action whatsoever to person or property connected with the use of any of the services or facilities of the BEACHBONES Club Company or the premises where the same are located or arising out of acts of active or possible negligence on the part of the BEACHBONES Club Company, the employees or agents.
I have carefully read this agreement, release, and fully understand its contents. I acknowledge and understand that, by signing this agreement, I agree to assume all risks of participating in the BEACHBONES VOLLEYBALL CLUB PROGRAM, and any other exercise or activity available at the Beachbones Club, and in the event of illness or injury, I will have no recourse against the Beachbones Club Company, its agents, or employees.

Parent's Signature: _____ Date: _____

Parent's Name (Printed): _____