

BULVERDE VOLLEYBALL, LLC

Liability Waiver

Athlete Name: _____

Address: _____ City: _____ Zip: _____

Athlete School and Grade Attending in Fall 2021: _____

Athlete D.O.B.: _____ Current Age: _____

Does athlete play school, club, YMCA, CYO volleyball, if so where, which team and age group: _____

Are you interested in playing for our club: _____

Parent Name and Cell #: _____

Emergency Contact and Cell #: _____

Parent Email: _____

How did you hear about us: (ex: google, FB , Instagram, school flyer, friend, or coach - please tell us their name) _____

By signing below, I hereby grant permission for my athlete to attend and participate in the Bulverde Volleyball clinics, camps, tryouts, evaluations, or private lesson (s), and any other practices or training offered by Bulverde Volleyball. I acknowledge that volleyball is a physically demanding sport and my athlete could get injured while participating. I certify that my athlete is physically fit for all training activities. I acknowledge that my athlete will be in close proximity to other athletes and that there is risk of contracting communicable sickness while participating at any and all volleyball events. I promise to not bring my athlete to any volleyball event if they display signs of communicable sickness including, fever, coughing, body aches, shortness of breath, chills, sore throat. I promise to notify the director of the club immediately if my athlete is diagnosed with a communicable illness. I also authorize the use of any pictures/videos taken (that may include my athlete) during the activities to be used for advertising purposes by Bulverde Volleyball.

I hereby release Bracken Christian School, Family Fitness Gym, Bulverde Volleyball LLC, and all coaches and staff associated herewith from any liability and financial responsibility, medical or otherwise, for personal injury or sickness (including but not limited to all bacterial and viral infections, known or unknown) that may arise during athlete's participation in the volleyball and training activities.

Parent/Guardian Signature: _____

Print Name: _____ Date: _____