

Summer Volleyball Training Camp

Through All In Sports Training

PARTICIPANT INFORMATION (Please print neatly)

First Name: _____ Last Name: _____

Birth Date: ____/____/____ Age: _____ Grade: _____

Current School: _____

Allergies: No ___ Yes ___ List: _____

T-SHIRT SIZE: **YS YM YL S M L XL**

PARENT/GUARDIAN INFORMATION (Please print neatly)

Parent / Guardian Name: _____

Cell Phone: _____ Email: _____

EMERGENCY INFORMATION (Please print neatly)

Emergency Contact Person: _____ Relationship: _____

Cell Phone: _____ Email: _____

NOTICE TO MINOR CHILD'S NATURAL GUARDIAN – RELEASE AND WAIVER OF LIABILITY

NOTICE: This form contains a release and waiver of liability and when signed is a contract with legal consequences. Please read it carefully before signing your name. In consideration of the opportunity afforded to my child(ren)/ward(s) to participate in this program, I, the undersigned parent/guardian, freely agree to and make the following contractual representations and agreements.

Notice to the Minor Child's Natural Guardian: (Read this form completely and carefully.)

You agree to let your minor child engage in a potentially dangerous activity. You agree that even if All In Sports Training, its employees use reasonable care in providing this activity, there is a chance your child may be seriously injured or killed by participating in this activity because there are certain dangers inherent in the activity that cannot be avoided or eliminated. By signing this form, you are giving up your child's right and your right to recover from All In Sports Training, and its employees in a lawsuit for any personal injury, including death to your. You have the right to refuse to sign this form, and All In Sports Training and its employees have the right to refuse to let your child participate if you do not sign this form.

I, the undersigned parent/guardian, do hereby knowingly, freely, and voluntarily assume all risk and liability for any damage or injury that may occur as a result of my dependent(s)'s participation in the activity and agree to **release, waive, discharge, and covenant not to sue All In Sports Training, JBHS and/or Martin County School District** its officers, agents, employees, and volunteers from any and all liability or claims that may be sustained by me or a third party directly or indirectly in connection with, or arising out of my dependent(s)'s participation in the activity, whether caused in whole or in part by the negligence of All In Sports Training, JBHS and its employees or otherwise.

I consent to have the participant/s photo and/or video taken for promotional use only to be used in but not limited to websites, publications, media, and/or publicity outlets and I agree that there will be no monetary compensation for such use.

I, the undersigned parent/guardian, have read this form, fully understand its terms, and understand that I, on behalf of my dependent(s), have given up substantial rights by signing it and have signed it freely and without inducement of assurance or assurance of any nature and intend it to be a complete and unconditional release of any and all liability to the greatest extent allowed by law and agree that if any portion of this contract is held to be invalid, the balance notwithstanding shall continue in full legal force and effect.

NOTE: It is recommended that all persons who attend this camp should have a current and valid AAU membership card for accident insurance in case of injury.

To register for a one year AAU membership, go to: <http://www.aauvolleyball.org/>

Parent/Guardian

Print Name: _____

Signature: _____

Date: _____

To Register online go to: www.allinsportstraining.org Complete the registration/ and waiver form and mail to 1133 SE 10th St. Stuart FL 34996. Make checks payable to: All In Sports Training.