

NVC & Elite Athletes Chi Inc. Inc. Clinic/Lesson Registration & Waiver Form

(If players is 18 or older player may sign form)

Participant Information:

Athletes Name: _____

Athletes Signature: _____

Parent Name: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Parent Cell or Emergency Contact: _____

Player Cell Phone: _____

Athletes Email Address: _____ @ _____

Parents Email Address: _____ @ _____

School: _____ Grade in fall: ____ B-day: _____

Height: _____ Hand: _____ Preferred Position (S/OH/MH/Ds...) _____

VB Experience: _____

Type of Clinic/Lessons (Private/Clinic) _____

Amount Due: _____ Check #: _____ Date Paid: _____

Waiver:

**I grant permission for clinic/lesson photos (including my son/daughter) to be posted on the NVC, Elite Athletes Chi Inc., IBA, or similar websites and/or in area newspaper articles.

**I grant NVC or Elite Athletes Chi Inc. permission to contact me about future clinics, lessons, volleyball programs and tryouts.

**I hereby grant permission for my son/daughter _____, to attend clinics/lessons offered by NVC or Elite Athletes Chi Inc. My son/daughter has no medical condition that would interfere with her participation in the clinic. I release the clinic/lesson instructors, clinic/lesson facility and all staff from any liability from injuries which may occur.

Parent Signature: _____ Date: _____

If, during the course of my son/daughter's activities, he/she should become ill or sustain an injury, I **DO authorize the NVC or Elite Athletes Chi Inc. Inc. staff to obtain emergency medical/dental care. I will assume financial responsibility for the bills incurred through my insurance company.

Parent Signature: _____ Date: _____

I **DO NOT authorize emergency medical/dental car for my son/daughter.

Parent Signature: _____ Date: _____