

School Name: _____

Grade level: 6 7 8 9 10 11 12 Circle shirt size (adult): S M L XL

Player Name: _____ Age: _____

Parent/Guardian Name: _____

Street Address: _____

City/State/Zip: _____

Parent/Guardian Email: _____

Emergency Contact Name: _____

Phone: _____

Relationship to Player: _____

List any medical concerns (if any): _____

Health Card #: _____

RELEASE OF LIABILITY READ CAREFULLY

I recognize that there are certain inherent risks associated with the above described activity and I assume full responsibility for personal injury and further release and discharge AMO Volleyball, LLC for injury, loss or damage.

I agree to pay for all damages to the facilities of AMO Volleyball, LLC caused by my or my family's negligent, reckless, or willful actions.

I HAVE READ THIS DOCUMENT AND UNDERSTAND IT. I FURTHER UNDERSTAND THAT BY SIGNING THIS RELEASE, I VOLUNTARILY SURRENDER CERTAIN LEGAL RIGHTS.

Dated: _____

Signature: _____