



WAIVER AND MEDICAL RELEASE FORM

I, (Parent or legal guardian) _____

Agree that (Child/Player) _____

May participate in the 2016 Tryouts, Clinics, Tournaments, Leagues and/or other events. In consideration of participation in any of these events, I agree on behalf of the above named individual, his/her heirs, and representatives to fully and forever release, discharge, indemnify and hold harmless Phantomz Volleyball, Ashley Zemanek, its agents and employees from any and all claims, demands, damages, rights of action or causes, present or future, whether the same be known, anticipated or unanticipated, resulting from any injury or arising out of participation in ANY of these events. I HEREBY AUTHORIZE IN ADVANCE ANY NECESSARY MEDICAL TREATMENT REQUIRED BY THE ABOVE NAMED INDIVIDUAL WHILE IN ATTENDANCE OF THESE EVENTS. I ACKNOWLEDGE THAT I HAVE OR WILL NOTIFY THE CLUB PERSONNEL OF ANY SPECIAL NEEDS OR INFORMATION REQUIRED BY THE ABOVE NAMED INDIVIDUAL.

(State Medical condition and/or Medical Needs)

Also, I understand that all rules and regulations of the Leagues, Camps, Clinics, and/or other events will be enforced and any violation by the above individual will result in a call to the parent or legal guardian, with a possible request to come and pick up the above individual (older players who drive may be asked to leave) with no refunds being given.

Signature of Parent or Legal Guardian:

Date:
