



Player's Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Current School: \_\_\_\_\_

**Waiver and Medical Release:**

I, (Parent or Legal Guardian) \_\_\_\_\_

Agree that (Child/Player) \_\_\_\_\_  
may participate in ANY Phantomz Volleyball Tryouts, Clinics, Tournaments, Leagues and/or other events being held by Phantomz Volleyball LLC. In consideration of participation in any of these events, I agree (on behalf of the above named individual) to fully and forever release, discharge, indemnify and hold harmless Phantomz Volleyball, Ashley Zemanek and any Employees and Coaches from any and all claims, demands, damages, rights of action or causes, 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 need/s or information required by the above named individual.

(State Medical Condition and/or Medical Needs)

\_\_\_\_\_  
\_\_\_\_\_

Signature of Parent or Legal Guardian:

Date:

\_\_\_\_\_