



VolleyGirl Clinic

Participant Fee: \$40 per girl

Registration and Permission Form

Participant Name: _____ Grade _____ Age _____

TKA Student? MW TF Other school: _____
(Circle one)

Participant2 Name: _____ Grade _____ Age _____

TKA Student? MW TF Other school: _____
(Circle one)

Participant3 Name: _____ Grade _____ Age _____

TKA Student? MW TF Other school: _____
(Circle one)

Parent name _____

Email _____

Phone _____

Total amount paid: _____ Check # _____

T-shirt Order (Indicate number of shirts needed next to the size)

Youth Small (6-8) _____

Adult Small _____

Youth Medium (10-12) _____

Adult Medium _____

Youth Large (14-16) _____

Adult Large _____

Adult XL _____



Volleyball Clinic *Permission Form*

(This form must be filled out and returned for EACH participant registered)

Student Name: _____ Grade _____ Age _____

Parent Name _____

Contact Phone Number(s) _____

Emergency Contact Name _____ Phone _____

Previous Volleyball Experience? YES _____ NO _____

Details _____

Are you interested in *Tryouts* with The King's Academy Knights? (rising 5th – 12th only) Yes _____ No _____

If yes, please provide email contact _____

MEDICAL RELEASE

Does your child have any disabilities, handicaps, injuries or limitations, allergies, hemophilia, heart condition, history of respiratory illness, maintenance medications or other significant medical conditions? _____ If yes, please explain: _____

May we administer common first aid treatment on site if needed? Yes ___ No ___ This would include Band-Aids, Ace bandages, analgesics (such as Tylenol, Ibuprofen, etc.) Please specify any restrictions: _____

Emergency Authorization (from above):

I, the undersigned, parent or legal guardian of the participant, a minor, hereby authorize the supervising adults or volunteer parents acting in the capacity of activity supervisors, as my Agents, to consent to medical, surgical or dental examination and/or treatment. In case of emergency, I hereby authorize treatment and/or care at any Hospital. If there is an emergency and I cannot be reached, please contact the above emergency contact.

_____ Date _____

Authorization Signature

Waiver and Liability and Disclaimer:

I, the parent or legal guardian of the above named individual, acknowledge that participation in athletic events necessarily involve risk of physical injury. I further acknowledge that parents and other adults, who volunteer their time, rather than paid professionals, primarily administer this program. In consideration for accepting the registration of the above named individual and permitting the voluntary participation of said individuals in this program, I hereby release, discharge, and hold harmless the volunteers and other associated representatives from any and all claims, demands, liabilities, and causes of action arising out of or relating to any injury that may result to said individual while participating in this program.

_____ Date _____

Parent/Guardian