

**SANTA BARBARA VOLLEYBALL CLUB
(A BLENDERS' NON-TRAVEL PROGRAM)**

VOLLEY PINTS

APPLICATION

Participant's Name: _____

Birth Date: _____ Age: _____ Grade: _____ School: _____

T-Shirt Size: Youth Sm Youth Med Youth Lg Small Medium Large
(check one)

Parents' Names: _____
Home Phone: _____ Cell: _____ Email: _____
Address: _____
City: _____ Zip: _____
Medical Insurance Name: _____
Policy Number: _____
Please list any ailments we should be aware of: _____ _____
Referred by: _____

TO BE SIGNED BY PARENT OR GUARDIAN

By signing below, I authorize the participant named above to participate in the Santa Barbara Volleyball Club **VOLLEY PINTS** program. I further hold Santa Barbara Volleyball Club, any of its staff, coaches, officials, players, volunteers, spouses, and their heirs, harmless from any accidental injury that may occur while the participant is participating in this program.

I authorize any emergency medical treatment by trained personnel (including hospital treatment) for the participant named above, in the event serious injury should occur during her/his participation in this program provided by the Santa Barbara Volleyball Club.

PARENT/GUARDIAN: _____
(PRINT NAME)

(SIGNATURE)



**Include SBVC Waiver and Mail with Program Fee to
SBVC, PO Box 30772, Santa Barbara, CA 93130**



SANTA BARBARA VOLLEYBALL CLUB WAIVER AND RELEASE OF LIABILITY

I acknowledge that volleyball or any sporting event can be a test of a person's physical and mental limits and carries with it the potential for serious injury or death, or property loss. I hereby assume the risk of participating in a volleyball event.

I hereby take the following action for myself, my executors, administrators, heirs, next of kin, successors and assigns:

(a) I waive, release, and discharge from any and all claims or liabilities for death or personal injury or damages of any kind, which acts arise out of or relate to my participation, in, or my traveling to and from, the volleyball event, the following persons or entities: Santa Barbara Volleyball Club, tournament or practice directors, building or facilities owners, sponsors; and the officers, directors, employees, representatives, coaches, and agents of any of the above;

(b) I agree not to sue any of the persons or entities mentioned above for any of the claims or liabilities that I have waived, released or discharged herein; and

(c) I indemnify and hold harmless the persons or entities mentioned above from any claims made or liabilities assessed against them as a result of my actions and any attorney fees or costs incurred by them as a result of my actions.

Player: By signing below, I hereby affirm that I have read this document and I understand its contents.

Parent: By signing below, I hereby bind myself and all other assigns to the terms of this Waiver and Release on behalf of the minor player member. I represent that I have the legal capacity and authority to act for and on behalf of the minor player member, and I agree to indemnify and hold harmless the persons and entities mentioned above for any claims or liabilities assessed against them as a result of any insufficiency of my legal capacity or authority to act for or on behalf of the minor in the execution of this Waiver and Release.

Date _____

Player Name

Player Signature

Parent Name

Parent Signature