



BAKERSFIELD VOLLEYBALL CLUB

SUMMER ACADEMY

SESSION 1

Beginners
(Ages 12 & Under)

JUNE 12-14 & 19-21

8:00am-9:30am

Advanced to Intermediate
(Ages 13-18)

JUNE 12-14 & 19-21

9:30am-11:00am

SESSION 2

Beginners
(Ages 12 & Under)

JULY 10-12 & 17-19

8:00am-9:30am

Advanced to Intermediate
(Ages 13-18)

JULY 10-12 & 17-19

9:30am-11:00am

All sessions will be held at:
Riverlakes Community Center | 3825 Riverlakes Drive

The cost of each session is \$225 (in advance) or \$250 at the door.
Please make checks payable to Bakersfield Volleyball Club

FOR QUESTIONS, PLEASE CONTACT JUDY REXROTH:
(661) 805-0234 | bakersfieldvolleyball@hotmail.com



BAKERSFIELD VOLLEYBALL CLUB
2017 SUMMER ACADEMY REGISTRATION FORM

PERSONAL INFORMATION

Player's Name: _____ **Age:** _____ **DOB:** _____ **Grade:** _____

Parent's Name: _____

Address: _____

City: _____ **Zip:** _____

Home Phone: _____ **Player Cell:** _____

Father Cell: _____ **Mother Cell:** _____

Player

Email: _____

Parent

Email: _____

VOLLEYBALL INFORMATION

Position(s) Played: _____

Past volleyball experience:- _____

Experience Level (Please Circle One): **Beginning** **Intermediate** **Advanced**

Position: _____



Note: This form must be read and signed before the Volleyball parent, player or observer listed below is allowed to take part in any training, competition, practice, warm-up sessions, meeting or testing sessions.

I, the Participant, affirm I am eighteen (18) years of age or older, have read this document and I understand its contents. I acknowledge that volleyball or any sporting event is an extreme test of a person's physical and mental limits and carries with it the potential for death, serious injury or property loss. With a full understanding of the potential risks, I hereby assume the risk of participation in or officiating 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, except that which is a result of gross negligence and/or wanton misconduct of personal or entities listed below, which arise out of or are related to my participation in, or my traveling to and from the volleyball event, following persons or entities: Riverlakes Community Center, Bakersfield Volleyball Club, Judy Rexroth, coaches and assistants, tournament director, sponsors, the officers, directors, employees, representatives, 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 have waived, released or discharged herein: 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.

This agreement is legally binding. If any aspect of this agreement requires clarification, have a Bakersfield Volleyball Club Director fully explain before signing. In signing this document, you are waiving the right to bring a court action to recover compensation or obtain any other remedy for any personal injuries, damage to property, accident of any kind arising out of use, supervised or unsupervised of the Bakersfield Volleyball Club facilities, equipment, participation in classes, or activities sponsored by Bakersfield Volleyball Club.

I hereby, agree to release, any persons who have installed the equipment for Bakersfield Volleyball Club. I agree to release, indemnify and hold harmless all persons at Bakersfield Volleyball Club, coaches, directors, assistant coaches, volunteer coaches, other players, visitors, assistants or persons who may be present, from any cause of action, claims, or demands whatsoever. This agreement is binding even if the released persons have contributed to injuries through their individual or collective negligence. This agreement is binding on myself, my heirs, next of kin, assigns and personal representatives.

I hereby grant permission to the rights of my image, likeness and sound of my voice as recorded on audio or videotape without payment or any other consideration. I understand that my image may be edited, copied, exhibited, published or distributed and waive the right to inspect or approve the finished product wherein my likeness appears.

I have been warned and am aware of these and numerous other inherent risks in participating in Bakersfield Volleyball Club. I fully and voluntarily assume complete responsibility for those risks and for the injuries that may occur as a result of those risks, even if injuries occur in a manner that is not foreseeable at the time I sign this agreement. In consideration of participation in Bakersfield Volleyball Club, I, the undersigned, agree to release all from liability, discharge, and promise not to sue.

If participant is *eighteen years of age or over*, my signature below indicates I have read the above.

Print Name _____ Date of Birth _____

Signature _____ Today's Date _____

If participant is *under eighteen years of age or over*, a parent or guardian release is required. I understand this waiver authorizes the below named youth to participate in activities with Bakersfield Volleyball Club, possibly without my presence at the facility. I understand Bakersfield Volleyball Club has several regulations that affect youth participant use (those eighteen years or younger) during group activities and during regular practice hours. I am the parent or guardian of the minor listed below and I am signing the release on behalf of the minor.

Youth Name _____ Youth Date of Birth _____

Guardian Signature _____ Today's Date _____

Print Guardian Name _____