

Make check payable to:

Jammers VBC

Mail to:

Debby Yee

1433 Onipaa Street

Honolulu, HI 96819



Tryout Fee \$25

Questions? email:

jammersvbc@hawaii.rr.com

Name: _____ Home Phone: _____

Address: _____ City: _____ Zip: _____

Date of Birth: _____ Have you played Aloha Region Club VB? Yes No If yes, how many years? _____ Name of Club _____

School: _____ Grade: _____ Height: _____ Weight: _____

Mother: _____ Military: _____

Home: _____ Work: _____ Cellular: _____

Height: _____ Email Address: _____

Father: _____ Military: _____

Home: _____ Work: _____ Cellular: _____

Height: _____ Email Address: _____

Emergency contact OTHER THAN Parent:

Name _____ Relationship _____ Phone Number _____

Physician's Name _____ Address _____ Phone Number _____

Health Plan: _____ Plan Number _____

Waiver and Release

I acknowledge that volleyball or any sporting event is an extreme test of a person's physical and mental limits and that my child's participation in a volleyball event can cause serious personal injury, death, or property damage. **With a full understanding of the potential risks, I HEREBY ASSUME THE RISKS OF PARTICIPATING IN A VOLLEYBALL EVENT.**

I hereby take the following action for my child named above, 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 THE RESULT OF GROSS NEGLIGENCE AND/OR WANTON MISCONDUCT OF PERSONS OR ENTITIES LISTED BELOW**, which arise out of or relate to my traveling to and from or my participation in any volleyball event, THE FOLLOWING PERSONS OR ENTITIES: **Jammers VBC, its representatives and agents, whether paid or volunteer, Debby Yee, any Jammers coach, camp clinicians, facility owners/operators**, including but not limited to Nuuanu Congregational Church, City and County of Honolulu, U. S. Coast Guard, and the officers, directors, employees, representatives, and agents of any of the above; b) **I AGREE NOT TO SUE** any of the persons or entities listed above for any of the claims or liabilities that I 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.

Parent's Signature: **X** _____ Date Signed: _____

CHECK WILL BE RETURNED IF CLASS IS CANCELLED DUE TO LACK OF ENROLLMENT. Players should show up with kneepads and water jug. Debby Will be away for the Junior Olympics so no acknowledgement of registration will be sent out. PLEASE LIST YOUR EMAIL ADDRESS!