



WAIVER, RELEASE AND INSURANCE INFORMATION

Athlete's Name _____
(last) (first)

Primary Emergency Contact: _____
(Name and relationship) (telephone number)

Secondary Emergency Contact: _____
(Name and relationship) (telephone number)

Insurance Company: _____ Policy Number: _____

Medical Condition(s) _____

I, the parent and/or guardian of the above named applicant, hereby give my approval to said applicant's participation in the Lil' Spikers Volleyball Academy. I assume all risks and hazards incidental to all participation and do forever RELEASE, acquit, discharge, and covenant hold harmless Stephanie Shigemasa, Fiona Fonoti, any volunteers, and their representatives, from any and all liability from any and all actions, causes of actions, and claims for any injury or damage, and any and all liability for any such injury or damage. I hereby authorize the personnel of Lil' Spikers Volleyball Academy to take any necessary steps for the required medical treatment for said child/ward. I hereby release Lil' Spikers Volleyball Academy from any and all liability for any medical treatment decisions made for the treatment of said child/ward.

I also give permission for the Lil' Spikers Volleyball Academy and any of its affiliated organizations to use the name of my child and/or his/her photograph for promotional, news, or public relations purposes in print and/or electronic media. I understand that it is my responsibility to notify the academy in writing if I do not wish to have my child photographed or videotaped.

Parent/Guardian Signature _____ Date _____