



**951 Elite**

**Redlands Regional Teams  
Club Volleyball Tryouts**

**12 & Under / 14 & Under**

Oct. 25 6pm - 8pm

**15 & Under / 16 & Under**

Nov. 6 10am - 12pm

**17 & Under / 18 & Under**

Nov. 13 10am - 12pm

**Try-outs will be held at  
Redlands High School**

**840 E. Citrus Ave  
Redlands, Ca**

Teams limited to 10 members for maximum opportunities to play! The Redlands Regional program practices twice a week and participates in all 10 of the USVBA sanctioned tournaments (scvavolleyball.org). Practices begin in November and season concludes late MAY (7 months).

OUR Regional program is half the cost of many clubs at \$2,400!

(payments monthly, credit card or installments)

Cost includes, gym fees, coaches, uniforms, sweats, backpack, practice shirts, tournament fees- no additional fees! 951 Elite Volleyball offers free additional skills clinics to all our members.

Questions? Call Redlands Regional Director, Jessica Walker at (909)800-6078 or email at walker.jessica4@gmail.com

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**Please complete this registration form and waiver (on back) and bring in with your payment payable to 951 Elite Volleyball:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Office only:  
Registration #:

Payment: Cash Check #

**WAIVER AND RELEASE BY PARENT OF MINOR CHILD FROM LIABILITY FOR VOLLEYBALL**

I, \_\_\_\_\_, on behalf of \_\_\_\_\_ (hereinafter referred to as "CHILD") HEREBY WAIVE AND RELEASE, indemnify, hold harmless and forever discharge **951 Elite Volleyball** and its agents, employees, officers, directors, affiliates, successors and assigns, of and from any and all claims, demands, debts, contracts, expenses, causes of action, lawsuits, damages and liabilities, of every kind and nature, whether known or unknown, in law or equity, that I or CHILD ever had or may have, arising from or in any way related to CHILD'S participation in any of the events or activities conducted by, on the premises of, or for the benefit of, **951 Elite Volleyball** provided that this waiver of liability does not apply to any acts of gross negligence, or intentional, willful or wanton misconduct.

I understand that the activities that said CHILD will participate in are inherently dangerous and may cause serious or grievous injuries, including bodily injury, damage to personal property and/or death. On behalf of myself, CHILD, my heirs, assigns and next of kin, I and said CHILD waive all claims for damages, injuries and death sustained to me or my property, that I or said CHILD may have against the aforementioned released party to such activity.

CHILD has the necessary and requisite skills to participate in all facets of, and activities of and requested of this facility, except as noted below. The nature of the activities has been fully disclosed and any flyer, advertisement, or brochure relating to the participating activities is expressly made a part of this WAIVER AND RELEASE.

By this Waiver, I, on behalf of said CHILD, assume any risk, and take full responsibility and waive any claims of personal injury, death or damage to personal property associated with **951 Elite Volleyball**, including but not limited to engaging in volleyball games, training at the facility, using the facility and its equipment, practicing and/or engaging in volleyball tournaments, house leagues or other related activities on and off the premises.

This WAIVER AND RELEASE contains the entire agreement between the parties, and supercedes any prior written or oral agreements between them concerning the subject matter of this WAIVER AND RELEASE. The provisions of this WAIVER AND RELEASE may be waived, altered, amended or repealed, in whole or in part, only upon the prior written consent of all parties.

The provision of this WAIVER AND RELEASE will continue in full force and effect even after the termination of the activities conducted by, on the premises of, or for the benefit of, **951 Elite Volleyball** whether by agreement, by operation of law, or otherwise.

I have read, understand and fully agree to the terms of this WAIVER AND RELEASE. I understand and confirm that by signing this WAIVER AND RELEASE said CHILD and I have given up considerable future legal rights. I have signed this Agreement freely, voluntarily, under no duress or threat of duress, without inducement, promise or guarantee being communicated to me. My signature is proof of my intention to execute a complete and unconditional WAIVER AND RELEASE of all liability to the full extent of the law.

Medical Conditions. CHILD is subject to the following allergies or medical conditions, and I authorize the facility to disclose these conditions to a physician or other medical professional in the event said CHILD should require emergency medical care: \_\_\_\_\_

Prohibited Activities. As a result of the above-mentioned medical conditions, I, on behalf of said CHILD, am prohibiting involvements in the following specific activities: \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent (Guardian)

\_\_\_\_\_  
Printed Name of CHILD

\_\_\_\_\_  
Printed Name of Parent (Guardian)