

13th Annual OA Volleyball Youth Clinic @ Dana Barros Basketball Club



REGISTRATION AND WAIVER

PLAYER'S NAME: _____

ADDRESS: _____

PHONE NUMBER: (H) _____ (C) _____

PARENT EMAIL: _____

EMERGENCY CONTACT: _____

EMERG. CONT. PHONE: _____

PLAYER AGE _____ GRADE LEVEL AS OF Sept. 2020: _____

SIZE T-SHIRT: (ADULT) S M L XL

I give permission for my child, _____ to participate in the Oliver Ames High School Volleyball Clinic. I acknowledge that this clinic is voluntary, and that my child, with my consent, is choosing to participate. I verify that my child has medical insurance, and that my child is medically and physically fit to participate in this clinic. Furthermore, I, the undersigned parent or guardian of the minor listed above, forever RELEASE, acquit, discharge, and agree to hold harmless Dana Barros Basketball Club (DBCC), OA Volleyball Boosters, the Town of Easton and Easton Public Schools, its officers and agents, from any and all actions, causes of action, and claims on account of, or in any way growing out of, either directly or indirectly, all known and unknown personal injuries or property damage which I may now or hereafter have as the parent of said minor, and also any damages which said minor has or may hereafter acquire either before or after my child has reached the age of majority as a result of participating in the activity.

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Permission for emergency medical treatment/medical insurance

I confirm that my child/children are in good health and that I have medical insurance on my child/children and will provide coverage while he/she is enrolled. I hereby authorize simple first aid and consent to any x-ray, exam and medical or surgical diagnosis that is deemed necessary in case of emergency and release, discharge and covenant not to sue for any negligent medical efforts expended on my behalf or on behalf of the minor. Additionally, I hereby agree to individually provide for all possible future medical expenses which may be incurred by my child as a result of any injury sustained while participating at or for all DBBC facilities.

Waiver and Release

I do hereby give permission for my child/children to participate in the DBBC programs at the DBBC facility. I understand that he/she is using DBBC at his/her own risk. I specifically agree to waive and release DBBC and its employees, agents and officers from any and all claims for loss of damage of property, liability or personal injury that may arise from DBBC programs at the DBBC facility. I have read, understand and agree to all of the foregoing.

Photograph/Video Consent

I give permission for photographs and videos of my child/children to be used in print or broadcast media or posted on the internet as deemed appropriate for the promotion of any DBBC activities.

Signature of Parent/Guardian

Date

Medical Insurance Carrier

Policy Number