



Summer Volleyball League

Sponsored by

DIAMOND ELITE

"A cut above the rest!"

NAME: _____ **DATE OF BIRTH:** _____ **F / M**
Last First Month / Day / Year

ADDRESS: _____ **CITY/STATE/ZIP:** _____ **PHONE #:** _____

I/We, the parent(s) of the above-named participant, hereby give my/our approval to participate in any and all volleyball activities. I/We know that participation in volleyball may result in serious injuries and protective equipment does not prevent all injuries to players, and do hereby waive, release, absolve, indemnify and agree to hold harmless the Volleyball League, the organizers, sponsors, supervisors, participants and persons transporting my/our child to and from activities for any claim arising out of any injury to my/our child whether the result of negligence or for any other cause, except to the extent and in the amount covered by accident or liability insurance.

Insurance Co.: _____ Physical Handicap (if any): _____

Parent/Guardian Signature **Date** **Email**