



2020 CLINIC
REGISTRATION FORM
& WAIVER RELEASE

This completed form must accompany participant for entry to clinic.

PLEASE PRINT LEGIBLY

NAME OF PARTICIPANT: _____

BIRTHDATE: _____ AGE: _____ GRADE: _____

SCHOOL: _____ CLUB TEAM: _____

PLAYER'S HEIGHT: _____ POSITION: _____

PARENT/GUARDIAN NAME: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

HEIGHT OF PARENT(S): _____ MOM: _____ DAD: _____

NAME OF REFERRING JAMMER: _____

DATE OF CLINIC: _____

Clinic cost is:
\$35 per session

Cash or Venmo
is accepted.

Venmo:
@steven-uesugi

Lead trainer: Debby Yee
accompanied by
coaching staff.

For staff use

PAID CASH VENMO

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, 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 Volleyball Club, its representatives and agents, whether paid or volunteer, Debby Yee, any Jammers coach, camp clinician, facility owner/operator, including but not limited to Nuuanu Congregational Church, City and County of Honolulu, State of Hawaii Department of Education, 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.

NAME OF PARTICIPANT: _____

PARENT/GUARDIAN NAME: _____ SIGNATURE: _____