

All Players MUST present this signed release form before stepping on a court.

CRUSH VOLLEYBALL LLC

PERMISSION / RELEASE FORM



I acknowledge that my child, a registered player in the CRUSH VOLLEYBALL Program will participate in volleyball activities, which include physical contact with other persons and surrounding objects such as facility and volleyball equipment that may incur injury. I give permission for my child to learn, practice and play in the Crush Volleyball program. I hereby waive and release CRUSH VB LLC, Roselle Catholic HS, and the Rahway Rec, Staff & associates, from any liability or claim of damages for injuries/illnesses which my child may sustain during their involvement in this program.

As a parent, I understand it is my responsibility to pick my child at the predetermined time and location. I also understand that if my child becomes ill, the EMERGENCY CONTACT PERSON(S) will be called to take my child home if I cannot be contacted immediately.

In signing this form, I certify that my child is in good health, with no chronic illness or injury. If such conditions exist, I will notify CRUSH VB in writing of such conditions prior to my child's participation on the program registration form. In the event of an emergency in which my child requires medical treatment, I authorize the staff of the CRUSH VB Program to act on my behalf to obtain proper medical treatment in their best judgment.

In signing this form, we agree to follow all rules, respectful conduct and regulations of CRUSH VB, ROSELLE CATHOLIC HS and associated sites where activities may be held.

Athlete's Name: (print) _____ /TEAM _____

Home Street Address: _____

City: _____ State: _____ E-MAIL _____

School : _____ Age: _____ Grade: _____

Emergency Phone Numbers: () _____

() _____

Emergency Contact Person (if I cannot be reached): () _____

Parent/Guardian Name: (print) _____

Parent/Guardian Signature: _____

Date _____