



SUMMER CRUSH JV LEAGUE

KEAN HARWOOD ARENA, UNION, NJ

PLAYER PERMISSION SLIP

DATE: ___/___/___ GRADE AS OF 9/13 _____ T-SHIRT SIZE _____ (Adult Sizes)

NAME OF PARTICIPANT: _____ AGE: ___ EMAIL: _____

DOB: ___/___/___ HIGH SCHOOL _____

HOME ADDRESS: _____

HOME PHONE: _____ PARENT NAME _____

CELL PHONE: _____

CHILD MAY ONLY BE RELEASED TO THE CHILD'S CUSTODIAL PARENT(S) OR PERSON(S) AUTHORIZED BY THE CUSTODIAL PARENT(S), TO ASSUME RESPONSIBILITY FOR THE CHILD IN AN EMERGENCY IF THE CUSTODIAL PARENT(S) CANNOT BE REACHED. CHILD MAY ONLY BE RELEASED TO THE CHILD'S CUSTODIAL PARENT(S) OR PERSON(S) AUTHORIZED BY THE CUSTODIAL PARENT(S), TO ASSUME RESPONSIBILITY FOR THE CHILD IN AN EMERGENCY IF THE CUSTODIAL PARENT(S) CANNOT BE REACHED.

NAME _____ ADDRESS _____ PHONE _____

ALLERGIES _____ DISEASES _____ ASTHMA _____

RECOMMENDATIONS AND RESTRICTIONS WHILE IN THE PROGRAM. _____ SPECIAL DIET: _____
SPECIAL MEDICINE: _____ IS PARENT SENDING IT? _____

IN THE EVENT I CANNOT BE REACHED IN AN EMERGENCY, I HEREBY GIVE PERMISSION TO THE PHYSICIAN SELECTED / EMERGENCY MEDICAL TECHNICIAN TO ADMINISTER EMERGENCY MEDICAL CARE FOR MY CHILD.

SIGNATURE OF PARENT OR GUARDIAN: _____

PARTICIPATION WAIVER AND RELEASE I HEREBY AGREE TO PARTICIPATE IN THE ABOVE PROGRAM(S) HOSTED AT THE KEAN UNIVERSITY HARWOOD ARENA, BY IT'S EMPLOYEES, INSTRUCTORS, AND AGENTS UPON THE UNDERSTANDING AND CONDITION THAT: 1.) I RECOGNIZE THE RISKS OF ILLNESS AND INJURY INHERENT IN ANY OF THE PROGRAMS MY CHILD WILL BE PARTICIPATING IN WITH CRUSH LLC THE EXPRESS AGREEMENT AND UNDERSTANDING THAT I AM HEREBY WAIVING AND RELEASING CRUSH LLC VOLLEYBALL, THEIR STAFF, AND THE PARTICIPATING HOST SCHOOLS, CRUSH VB LLC, State of New Jersey, New Jersey Educational Facilities, Kean University & Central Jersey Volleyball FROM ANY AND ALL CLAIMS ARISING OUT OF MY CHILDS PARTICIPATION IN THE PROGRAMS OR ANY ILLNESS OR INJURY RESULTING THEREFROM. I HEREBY FURTHER AGREE TO INDEMNITY AND HOLD HARMLESS CRUSH LLC, THEIR STAFF AND KEAN FROM AND AGAINST ANY AND ALL SUCH CLAIMS. 2.) I AGREE TO INFORM THE CRUSH LLC, AND KEAN UNIVERSITY AND IT'S AFFILIATES OF ANY CHANGE IN MY PHYSICAL CONDITION WHICH MIGHT IN ANY WAY ADVERSELY AFFECT MY ABILITY TO PARTICIPATE IN ANY OF THE PROGRAM(S) SAFETY.

SIGNATURE OF PARENT OR GUARDIAN: _____