

# ATTACK

VOLLEYBALL

## 2019-2020 REGISTRATION FORM, MEDICAL RELEASE AND WAIVER OF LIABILITY

Players name \_\_\_\_\_ School \_\_\_\_\_  
Grade \_\_\_\_\_ Age \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ TX Zip \_\_\_\_\_  
Legal Guardian's Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Email address \_\_\_\_\_  
Emergency Contact Name \_\_\_\_\_ Ph #(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### Medical Release

My son / daughter has permission to attend the Attack Volleyball Club program for the 2019-2020 Club Season, including leagues, camps, club, clinic, open gym, and practice (events) with Attack volleyball at The MAC Sports Center, 200 Continental Drive, Lewisville, TX 75067. I fully realize that injury or illness could result from or during participation in the above listed events. In case of such accident or illness, I give permission for my child to be given treatment as deemed appropriate. I will assume responsibility for any medical bills incurred by my child at a local hospital or medical facility. This player is in good health and in proper physical condition to participate in sports activities.

Please Sign (Parent or Legal Guardian):

Date:

### Waiver of Liability and Hold Harmless Agreement

I, \_\_\_\_\_, the player's parent/legal guardian, understand the nature of sports and the player's experience. I release, discharge, covenant not to sue, and agree to indemnify, save and hold harmless The MAC, formally Mac Volley Ventures and/or Attack Volleyball Club, formally Attack Volley Ventures, and any coach/employee of Attack Volleyball Club from all liability claims, demands, losses, or damages on this player's account caused or alleged to be caused in whole or in part by the negligence of The MAC, and/or Attack Volleyball Club. I further agree that if, despite this release, I, the player or anyone on the player's behalf makes a claim against The MAC and/or Attack Volleyball Club, I will indemnify, save, and hold harmless The MAC and/or Attack Volleyball Club from any litigation expenses, attorney fees, loss liability, damage, or any costs incurred as a result of any such claims.

Please Sign (Parent or Legal Guardian):

Date:

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