



VOLLEYBAL INTARMURAL LEAGUE

PLAYER INFORMATION:

NAME _____ GRADE _____

ADDRESS _____

TELEPHONE _____ EMAIL _____

T-SHIRT SIZE: Adult Size: S M L XL (*circle size*)

GUARDIAN INFORMATION:

NAME _____ RELATIONSHIP TO MINOR _____

TELEPHONE _____ EMERGENCY PHONE _____

MEDICAL INFORMATION:

IN CASE OF EMERGENCY: CONTACT _____ PH _____

DOES MINOR HAVE ANY ALLERGIES? YES NO (*circle one*)

IF YES, PLEASE EXPLAIN: _____

ARE THERE ANY MEDICATIONS BEING TAKEN AT THIS TIME? YES NO

IF YES, PLEASE LIST: _____

MEDICAL WAIVER:

As parent(s) or guardian of _____, a minor in consideration of her/his participation in the Columbia Middle School Volleyball Intramural league conducted by the Triple Threat Training LLC, I/we acknowledge 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 Columbia Volleyball Program, Columbia Athletic Department, the organizers, sponsors, supervisors, and participants for any claim arising out of any injury to my/our child whether the result of negligence or any other cause. I/we further acknowledge that the Triple Threat Training LLC maintains no accident insurance covering the participants in the Columbia Middle School Volleyball Intramural league.

Parent/Guardian Signature _____ Date _____