

CHAMBLEE VOLLEYBALL

Athletic Waiver Form

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Please print clearly)

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_\_\_\_\_Zip\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone(\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone(\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Event\_\_\_**Chamblee Volleyball Clinic\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Dates of Participation\_\_\_\_\_**January 4, 2016**

## Parental Consent for Athletic Participation

By its nature, participation in Volleyball events including training/clinics includes a risk of injury which may range in severity from minor to long term catastrophic. Although serious injuries are not common in supervised programs, it is possible only to minimize, not eliminate risk. Participants have the responsibility to help reduce the chance of injury. Participants must obey all safety rules and report all physical problems to Chamblee Volleyball supervision.

I/We the undersigned hereby certify that I(we) am(are) the parent(s) or legal guardian(s) of the athlete named above. I(We) hereby give permission for the staff of Chamblee Volleyball to seek appropriate medical attention for the athlete and for the medical attention to be given and for the athlete to receive medical attention in the event of accident, injury or illness. I will be responsible for any and all costs of medical attention and treatment. I/We, the undersigned for ourselves, our heirs, executors and administrators waive, release and forever discharge Chamblee Charter High School, Chamblee Volleyball, its staff, officers, directors, board members, coaches, agents, employees, representatives and successors and assigns of and from all rights and claims for damages, injury or loss to person or property which may be sustained or occur during participation in athletic activities - whether damages, injury or loss are due to negligence. I/We hereby acknowledge that our child is physically fit and mentally capable of participating in volleyball activities.

DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRINTED NAME OF PARENT/GUARDIAN:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Please print clearly)

PARENT/GUARDIAN SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_