

AAU JUNIOR ATLANTIC BEACH CLUB AND TOURNAMENT

BEACH PLAYER RELEASE FORM (Revised 5-1-2009)

This **must be** completed - legibly - and signed in all areas by both the player and his or her parent or guardian. *By signing this form the participant affirms having read it. A copy of this form must be showed and on premise of all Junior Atlantic Beach and VB4Y Events and competitions.*

First Name _____ Last Name _____ Birth Date _____ Age _____ Gender _____

Parent or Guardian: In Emergency, Contact:

First Name _____ Last Name _____ Cell # _____

(Player Listed Above) _____ has my permission,

(legal guardian's full name) _____ as her legal guardian; to leave the volleyball court supervised area when he or she is at the beach attending an event held by the Volleyball 4 Youth Organization. I do not hold liable any member of the Volleyball for Youth Organization for my child.

Please cross off the one that you are omitting and sign the one that you are choosing.

No, I do not give my child permission to enter the ocean when they are on breaks during the Volleyball 4 Youth Events.

Parent /Guardian Signature _____ Date: _____

YES , I give my child permission to enter the ocean when they are on breaks during the Volleyball 4 Youth Events.

Parent /Guardian Signature _____ Date: _____

No, I do not give my child permission to leave the supervised Volleyball 4 Youth Court Event Area to enter the ocean.

Parent /Guardian Signature _____ Date: _____

YES , I give my child permission to leave the supervised Volleyball 4 Youth Court Event area unsupervised. I take full responsibility for my child's actions, and well-being. I understand the Volleyball 4 Youth staff is not responsible for making sure my child participates in the Volleyball 4 Youth Events.

Parent /Guardian Signature _____ Date: _____

My child has permission to leave after the Volleyball 4 Youth Event is completed with out being signed out by her legal guardian:

Parent /Guardian Signature _____ Date: _____

My child does not have permission to leave after the Volleyball 4 Youth Event. I want the Volleyball 4 Youth staff to stay with my child until his/her legal guardian arrives to sign him/her out of the event. I understand that their will be a charge of \$5.00 for every 10 minute increment that his/her legal guardian is late to pick him or her up from the assigned area.

Parent /Guardian Signature _____ Date: _____

As the participant, I understand all of the rules and accept the guidelines my legal guardian has given me when I am participating in a Volleyball 4 Youth Event.

Participant Signature _____ Date: _____