



504 Elite Volleyball Fall Clinic

Dates and Times:

October 4th, 11th, 18th and 25th and November 1st (Sundays)

12 years and under 5pm-6:30pm

14 years and under 7pm-8:30pm

(8th grade and under)

Make-Up dates will be announced as needed.

Note*** 9th-12th grade tryouts TBA after LHSAA State Finals.

Cost: \$148 (Includes Tryout Fee)
\$50 Tryout Only

Location: **John Curtis Christian School**
10125 Jefferson Highway
River Ridge, La 70123

504 Elite Volleyball Fall Registration Form

Name: _____ Age: _____ DOB: _____

Grade: _____ School: _____

Address: _____
Street City Zip

Parent / Guardian: _____ Home #: _____

Cell #: _____ Email: _____

Send completed form, signed waiver and check payable to 504 Elite Volleyball to:

504 Elite Volleyball
c/o Frank Palpallatoc
517 Homewood Drive
Covington, La 70433

Walk in registrations will be accepted.

For further information, contact:

Frank Palpallatoc (985) 705-5122 or Rodney Normand (504) 451-5745

WAIVER AND RELEASE BY PARENT OF MINOR CHILD FROM LIABILITY FOR VOLLEYBALL

I, _____, on behalf of _____ (hereinafter referred to as "CHILD") HEREBY WAIVE AND RELEASE, indemnify, hold harmless and forever discharge **504 Elite Volleyball** and its agents, employees, officers, directors, affiliates, successors and assigns, of and from any and all claims, demands, debts, contracts, expenses, causes of action, lawsuits, damages and liabilities, of every kind and nature, whether known or unknown, in law or equity, that I or CHILD ever had or may have, arising from or in any way related to CHILD'S participation in any of the events or activities conducted by, on the premises of, or for the benefit of, **504 Elite Volleyball** provided that this waiver of liability does not apply to any acts of gross negligence, or intentional, willful or wanton misconduct.

I understand that the activities that said CHILD will participate in are inherently dangerous and may cause serious or grievous injuries, including bodily injury, damage to personal property and/or death. On behalf of myself, CHILD, my heirs, assigns and next of kin, I and said CHILD waive all claims for damages, injuries and death sustained to me or my property, that I or said CHILD may have against the aforementioned released party to such activity.

CHILD has the necessary and requisite skills to participate in all facets of, and activities of and requested of this facility, except as noted below. The nature of the activities has been fully disclosed and any flyer, advertisement, or brochure relating to the participating activities is expressly made a part of this WAIVER AND RELEASE.

By this Waiver, I, on behalf of said CHILD, assume any risk, and take full responsibility and waive any claims of personal injury, death or damage to personal property associated with **504 Elite Volleyball**, including but not limited to engaging in volleyball games, training at the facility, using the facility and its equipment, practicing and/or engaging in volleyball tournaments, house leagues or other related activities on and off the premises.

This WAIVER AND RELEASE contains the entire agreement between the parties, and supercedes any prior written or oral agreements between them concerning the subject matter of this WAIVER AND RELEASE. The provisions of this WAIVER AND RELEASE may be waived, altered, amended or repealed, in whole or in part, only upon the prior written consent of all parties.

The provision of this WAIVER AND RELEASE will continue in full force and effect even after the termination of the activities conducted by, on the premises of, or for the benefit of, **504 Elite Volleyball** whether by agreement, by operation of law, or otherwise.

I have read, understand and fully agree to the terms of this WAIVER AND RELEASE. I understand and confirm that by signing this WAIVER AND RELEASE said CHILD and I have given up considerable future legal rights. I have signed this Agreement freely, voluntarily, under no duress or threat of duress, without inducement, promise or guarantee being communicated to me. My signature is proof of my intention to execute a complete and unconditional WAIVER AND RELEASE of all liability to the full extent of the law.

Medical Conditions. CHILD is subject to the following allergies or medical conditions, and I authorize the facility to disclose these conditions to a physician or other medical professional in the event said CHILD should require emergency medical care: _____

Prohibited Activities. As a result of the above-mentioned medical conditions, I, on behalf of said CHILD, am prohibiting involvements in the following specific activities: _____

Date

Signature of Parent (Guardian)

Printed Name of CHILD

Printed Name of Parent (Guardian)