

CYAA Summer Volleyball

3rd - 12th Grade

Registration Form

FREE

Monday, July 12 - Friday, July 16, 3:00 to 5:00, High School Gym

Grade: _____ Age: _____

Player Name: _____

Phone: _____

Address: _____

E-mail: _____

Mother: _____

Work phone: _____

Father: _____

Work Phone: _____

In case of emergency call (other than above) _____

Acknowledgment & Assumption of Potential Risk

I, the undersigned, acknowledge that the Cambria Youth Athletic Association, INC. (CYAA) is a non-profit entity which merely sponsors the above named activities at the facilities of the Coast Union School District, the San Luis Coastal Unified School District, The Cuesta College Gyms, the Cambria Community Center, and local parks. While coaches and volunteers do their best to provide a safe environment, athletic participation involves risk of injury. The CYAA does not provide medical insurance to cover injuries to any player or spectator. I understand that I am responsible for my own transportation to and from the activities and the CYAA assume no liability for loss or injury resulting from my transportation. My signature below, as the parent or legal guardian, means I understand the above and assume all risk of injury to my own child and the risk of any other participant or spectator which may be caused by my child's participation in CYAA activities. I agree to indemnify and hold harmless the CYAA, all the facilities listed above, any of their officers, employees or volunteers from any claims of illnesses arising out of or in any way connected with the above mentioned activity. I hereby release them from all such liabilities. **My child has no known medical conditions, which may pose a risk to the health and safety of my child or others participating in these activities.**

Please note any medical condition: _____

I have read the CYAA Acknowledgment & Assumption of Potential Risk.

Parent/Guardian signature

Print Name

Date

Return completed form to: CYAA, P.O. Box 373, Cambria, California, 93428