



Pulse Beach Season Waiver

Please complete this form and its entirety.
Thank you from the bottom of our hearts, for joining us this summer!

Parent/Guardian Name(s) _____

Emergency Contact Number _____

Any PLAYER Allergies, Medical Issues or Injuries that we need to be aware of :

Players Name _____ **Players Phone** _____

School _____ City _____ Grade _____

Date of Birth _____

Medical Insurance Information: Card number _____

Medical Insurance Company: _____

Waiver of claims: It is agreed that by signing below, that the use of facilities and the participation in Pulse Volleyball Club Workouts shall be entered by each player at their own risk. By signing you acknowledge that the Pulse VBC, Pulse and No Ka Oi coaches, facility owners, operators, City of Ripon, Parks and Recreation shall not be liable for any injuries, illness, and/or damage by or to any member or player or be subject to any claim whatsoever for any reason. I certify that my daughter is in overall good physical and mental condition and can partake in an athletic schedule/workout. I grant permission for the instructors and coaches to act for me in their best judgment in any emergency requiring medical attention including treatment at a local hospital. I am also aware that these workouts are not sanctioned by the NCVA, USAV or AAU. By signing below, I have read, understood and agree to the terms and conditions outlined here.*This waiver shall extend to all 2020 Beach Practices, Clinics, Lessons, and Tournaments from June - August offered by Pulse Volleyball Club.

Signature: _____ Date: _____

Print Name: _____

Passion, Integrity & Heart!