



**Pulse VBC Waiver & Covid Waiver**

Thank you from the bottom of our hearts for joining us this year at tryouts!

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** \_\_\_\_\_

**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 Training and Tryouts shall be entered by each player at their own risk. Training includes all indoor, grass and sand training; practices, clinics, camps, conditioning, strength training, small group, individual training, and tryouts. By signing you acknowledge that the Pulse VBC, Pulse coaches, facility owners, operators, City of Ripon, City of Modesto, Parks and Recreation, Big Valley Christian Schools, and any other facility that Pulse might use, 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 may or may not be 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 2020-21 Indoor, grass and sand Trainings, Clinics, Lessons, Practices, Camps, Tournaments, and Tryouts offered by Pulse Volleyball Club.

**COVID-19:**

I understand the risks involved in participating in physical activities and recognize the potential health risks due to COVID-19 (novel coronavirus). By allowing my child to participate in Pulse Volleyball Club (Pulse) activities including but not limited to volleyball clinics, practices, scrimmages, camps, personal training, and tryouts, I accept that my child may be injured and the risk of contracting COVID-19 could increase. I knowingly, voluntarily and willingly assume these risks. By signing this waiver, I am consenting to my child participating in Pulse activities; I am confirming that my child is healthy and in good physical condition; that my child has not been diagnosed with COVID-19; that my child is not experiencing any symptoms related to COVID-19; that I have no knowledge of any physical condition or impairment that would limit my child's involvement or prevent participation in Pulse activities. If anything changes and our daughter or anyone that she has come in contact with has been exposed or has contracted COVID-19, we will inform Pulse VBC Director, Adrienne Beltrami immediately, and follow the proper protocol.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

**Passion, Integrity & Heart!**