



WINTER 2018 CO-ED VOLLEYBALL PARTICIPANT QUESTIONNAIRE

To better understand each participant's skill level and interests, please fill out the information below.

Volleyball:

Circle One:

Shirt size:

Youth S M L XL

Adult S M L XL

Do you have a sibling(s) enrolled in program: Yes: _____ No: _____

If yes, what is their name? _____

Do you have a friend(s) enrolled in program: Yes: _____ No: _____

If yes, what is their name? _____

Have you played volleyball before? Yes: _____ No: _____

If yes, what position(s) did you play? _____

City staff will take a balanced approach when placing participants on teams to ensure each team has an equal amount of 4th and 5th graders.

During practice and games, participants will learn the proper technique and fundamentals of volleyball:

- Passing
- Setting
- Spiking
- Blocking
- Digging
- Serving



WAIVER, RELEASE, HOLD HARMLESS, AND AGREEMENT NOT TO SUE

I, _____(FULL NAME), fully understand that my participation in the _____(hereinafter "event/class") exposes me to the risk of personal injury, death or property damage. I hereby acknowledge that I am voluntarily participating in this event/class and agree to assume any such risks.

I hereby release, discharge and agree not to sue the City of Monrovia for any injury, death or damage to or loss of personal property arising out of, or in connection with, my participation in the event/class from whatever cause, including the active or passive negligence of the City or any other participants in the event/class. The parties to this AGREEMENT understand that this document is not intended to release any party from any act or omission of "gross negligence," as that term is used in applicable case law and/or statutory provision.

In consideration for being permitted to participate in the event/class, I hereby agree, for myself, my heirs, administrators, executors and assigns, that I shall indemnify, defend, and hold harmless the City of Monrovia from any and all claims, demands actions or suits arising out of or in connection with my participation in the event/class.

I HAVE CAREFULLY READ THIS RELEASE, HOLD HARMLESS AND AGREEMENT NOT TO SUE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT IT IS A FULL RELEASE OF ALL LIABILITY AND SIGN IT ON MY OWN FREE WILL.

Date

Signature/ Parent or Guardian
(if under age 18)

DECLARATION

I, _____, declare under penalty of perjury under the laws of the State of California that I am the parent or legal guardian of Minor. I further declare that I shall indemnify, defend, and hold harmless the City of Monrovia from and against any and all Claims resulting from, incident to, or arising out of Minor's participation in the event/class, any and all risks assumed by Minor and me above, and/or the breach of any promises, covenants, and/or representations made by me herein and/or in the above Release.

By: _____ Signature
of Parent/Legal Guardian

Name: _____ Printed
Name of Parent/Legal Guardian



CITY OF MONROVIA EMERGENCY CONTACT INFORMATION

Participant First and Last Name Birthdate Date

Address City State Zip Code

Daytime Phone Number Evening Phone Number

Email Address

Medical Insurance Company Name Policy Number Allergies

Physicians Name Address Phone Number

Parent/Guardian First and Last Name Phone Number

Emergency Contact / Relationship Phone Number

Participant Name		Birth Date	Gender	Course #	Course Title	Program Fee
First	Last					
				0107.200	YS-Volleyball	MUSD Students and/or Resident \$35
				0107.201	YS-Volleyball	Non-Resident \$40
Total Fees \$						

List any allergies OR any other medical information staff should be aware of: _____
