Spring Youth Volleyball Clinic

2024 REGISTRATION FORM

Player's Name:	Dat	e of Birth:	Gender:	
School:	Grade	e:	Age:	
Parent/Guardian Name:		Email Address:		
Address:	City:		Zip:	
Primary Phone:	Secon	dary Phone:		
	eive the monthly email news			
FEE:	\$80 (Resident) \$	884 (Non-Reside	nt)	
DATES:	May 10 th , May 17 th , May 24 th , May 31 st (All Fridays)			
TIME:	6:00pm – 7:30	Эрm		
Location	Location: La Sierra Community Center: <i>Big Gym</i> 5325 Engle Rd, Carmichael, CA 95608			
Registration will be accep	accompany registration. Ple ted online http://recpro.car reation Office: 5325 Engle Re	michaelpark.com or	in person at the La Sierra	
Total Amount Due:				
Check (made to CRPD) #:				
Credit/Debit Card: Card #:				
Signature:	CVV:			



Carmichael Recreation & Park District

Spring Youth Volleyball Clinic: May 10, 2024 — May 31, 2024

AGREEMENT, WAIVER, AND RELEASE

In consideration for being permitted by the District to participate in the above-referenced activity, I hereby waive, release, and discharge any and all claims for damages for personal injury, death, or property damage which I may have, or which may hereafter accrue to me, as a result of participation in said activity. This release is intended to discharge in advance the District (including its officers, employees, volunteers, and agents) from any and all liability arising out of or connected in any way with my participation in said activity, even though that liability may arise out of active or passive negligence or carelessness on the part of the persons or entities mentioned above. It is further agreed that this waiver, release and assumption of risk is to be binding on my heirs, administrators, executors, and assigns and that I shall indemnify and hold the District (including its officers, employees, volunteers, and agents) free and harmless from any loss, liability, damage, cost, or expense which may arise out of or connected in any way with my participation in said activity. Additionally, I fully understand that my participation in the above-referenced activity exposes me to the risk of personal injury, death, communicable diseases, illnesses, viruses, and/or property damage. I hereby acknowledge that I am voluntarily participating in this activity and agree to assume any such risks.

PHOTO AND LIABILITY RELEASE

By signing this agreement, you are agreeing to release photo rights, including waiving any right of compensation, to Carmichael Recreation & Park District (CRPD). CRPD reserves the right to photograph facilities, activities, and program participants for potential future use, which may include sharing the photos with the Carmichael Recreation and Park District Foundation dba Carmichael Parks Foundation to use the photos to inform and promote the CRPD. You further hereby release CPRD and Carmichael Parks Foundation from and against any injury or damage arising out of or related to the aforementioned activities. All photos will remain the property of Carmichael Recreation & Park District.

PARENTAL/GUARDIAN CONSENT: (To be cor	npleted and signed by parent/guardian if
Participant is under 18 years of age.)	
and I hereby execute the above Agreement, Wai minor is physically able to participate in said acti	ers, and agents) free and harmless from any loss
	T, WAIVER, AND RELEASE AND FULLY THAT THIS IS A RELEASE OF LIABILITY AND ABOVE DISTRICT AND I SIGN IT OF MY FREE
Signature	Date

Carmichael Recreation & Park District

Spring Youth Volleyball Clinic: May 10, 2024 — May 31, 2024

Name (Printed)