



2011-2012 Training Program/ Waiver Release Form

Magic Volleyball Club

P.O. BOX 2281 Round Rock, TX 78680

EMAIL: Madeline@magicports.org Phone: 512-423-2764

Player's First Name: _____ Last Name _____ Age _____

Street Address: _____

City: _____ Zip: _____

Date of Birth : _____ (month/day/year) Height: _____

Parent/Guardian Name _____ Home Phone _____

Parent Work Phone _____ Parent's Email _____

School Attending: _____ Grade: _____

Volleyball Experience (Years Played / Previous Clubs): _____

How did you hear about us? (Circle all that apply)

Friend Website Flyer Other: _____

Insurance Company: _____ Policy Number: _____

Please attach a copy of your insurance card.

In case of Emergency, Contact: _____ Phone: _____

Participant agrees to hold Magic Volleyball, coaches, and staff harmless from all injuries to persons occurring as a result of or in any way connected with your presence at Magic Volleyball tryouts or on the premises used by Magic Volleyball for these events. Parent also authorizes Magic Volleyball and its staff to act on Parent's behalf according to the best of their knowledge in any emergency situation requiring medical attention.

Parent/Guardian Signature: _____ Date: _____

Athlete Signature: _____ Date: _____

Official use only:

Check# _____ Amount: _____

Person accepting check: _____



Membership Fees for the Training Program:

The undersigned player and parent/guardian, here after designated as member, agree to accept membership in the Magic Volleyball Club Training Program for the 2011-2012 season. The total membership fee for the 2011-2012 season is **\$ 600.**

Magic Volleyball Club offers a payment plan for those families who may not be able to pay the entire fee in one lump sum. Initial deposit of \$300 is due upon becoming a member. The other payment is due on or before November 1, 2011. There will be a **\$25 late fee assessed 2 days after due date.** There will also be a **\$35 returned check fee.** The member will not be allowed to participate in practices if any of the fees are not paid in full. No fees, or parts thereof, will be refunded or forgiven because of player absences, injury, withdrawals, or release from the program for any reason.

Acceptable payments are: Cash, check, money order, and paypal.

In event of default, this obligation will be referred to an attorney, and/or a collection agency. The member agrees to pay reasonable club attorney fees, court costs and the cost of collection.

Signature and Information

I have read, acknowledged and agree to the terms of the membership fees on this date:

_____, 2011

Parent/Guardian Print Name: _____

Signature: _____ Driver's License # _____

Address: _____

City: _____ Zip: _____ Phone: _____

Email: _____