

KU`IKAHI VOLLEYBALL CLUB

Player Information and Permission Form

PLAYER INFORMATION

Name: _____	Height: _____	Weight: _____
Grade: _____ Birth date: _____	Years of volleyball experience: _____	
School: _____	Position(s): _____	
Home Phone: _____	Previous club(s) played for: _____	
Cell Phone: _____	Name of last coach: _____	
E-mail: _____		
Home Address: _____		
Mailing Address (if different from above): _____		
Extra Curricular Activities (description, dates, times): _____		

PARENT(S)/GUARDIAN(S) INFORMATION

Father/Guardian: _____	Mother/Guardian: _____
Address (if different from above): _____	Address (if different from above): _____
Home Phone: _____	Home Phone: _____
Cell Phone: _____	Cell Phone: _____
Business Phone: _____	Business Phone: _____
E-mail: _____	E-mail: _____

ADDITIONAL INFORMATION

Medical Limitations: _____	Emergency Contact (name and phone): _____
----------------------------	---

TRAVEL INQUIRY

KU`IKAHI teams will travel to the following tournaments:

- SCVA Junior Boy's Invitational (Anaheim, California) (Approx: \$1000, January 13 – 18)
- USAV Boy's Junior National Championship (Minneapolis, Minnesota) (Approx: \$2000, Tentative July 1 – 8)

Please indicate your intent to travel by placing an "X" next to one of the following statements:

_____ Please consider me for the "RoShamBo" teams as **I intend to travel to BOTH** mainland tournaments.

_____ Please consider me for the non-traveling teams as I am unable to travel to both mainland tournaments.

I/We give permission for _____ to participate in the KU`IKAHI Volleyball Club, realizing that such activity involves the potential for injury which is inherent in all sports.

The undersigned, parent(s) or guardian of the child named above, a minor, does hereby authorize the coach, or such substitute as he or she may designate as the agent for the undersigned. This authorization is given prior to any diagnosis or treatment known to be required in order enable said coach or agents to act effectively in an emergency situation where I cannot be contacted. Should said coach or agents exercise their authorized consent hereunder upon the advice of a licensed physician and surgeon or dentist, I knowingly and voluntarily exonerate and release KU`IKAHI Volleyball Club and said coach or agents from any and all liability for this action.

I/We further release KU`IKAHI Volleyball Club, its coaches, administrators, and chaperones of all liabilities, and I/We accept all responsibility for all obligations, financial or otherwise, which may result from injuries sustained while participating in the KU`IKAHI Volleyball Club.

Athlete Signature _____ Date: _____

Parent/Guardian Signature: _____ Date: _____