



**The Fraser Valley Metropolitan Recreation District
Fraser Valley Youth Volleyball Registration Form and Release Waiver 2019**

Player's Name: _____ Male / Female: _____

Date of Birth: _____ Age: _____

Grades 3rd and 4th Grades 5th and 6th **Volunteers Needed!** – Please here if you are interested in coaching

Games: Saturdays 3/23 @MPHS, 4/13 @WG PreK-8th, and 4/27 @MPHS

Physical Address: _____ Town: _____ Zip: _____

Participant/Parent/Guardian1: _____ H#: _____ C#: _____

Participant/Parent/Guardian2: _____ H#: _____ C#: _____

E-mail: _____

I, the undersigned, understand the dangers and risks involved with participation or being a spectator with the General Recreation Athletic Programs and the possible injuries that can occur. In consideration of being permitted by the Fraser Valley Metropolitan Recreation District to either participate in or to be a spectator with the General Recreation Athletic Programs, I hereby assume all risks and release, indemnify, waive, discharge, and covenant not to sue (both myself and minor children of mine attending such activities and for my heirs, personal representatives and assign), the Fraser Valley Metropolitan Recreation District, its Board of Directors, all of their employees, officers, committee representatives and assistants from all liability to me of any loss, damage or personal injury or any such claims, on my minor children present at such activities, whether or not caused totally or partially, by the negligence of the Fraser Valley Metropolitan Recreation District or such persons while the undersigned is participating in such activities or is a spectator at such activities. The Undersigned hereby assumes full responsibility for any risk or bodily injury of property damage caused by such described participation or as a spectator. I further release all officials, supervisors, employees, and other agency personnel from any claim whatsoever, including negligence, on account of first aid treatment, or services render to me or my minor children during or after such described participation or while acting as a spectator. This general release shall apply until revoked or canceled in writing by the undersigned. **I THE UNDERSIGNED, UNDERSTAND THIS RELEASE WILL BE ON FILE FOR THE YEAR 2019 TO COVER ANY PARTICIPATION OR BEING A SPECTATOR WITH THE GENERAL RECREATION ATHLETIC DEPARTMENT PROGRAMS FOR THE YEAR 2019.**

Date: _____ Signature: _____
(Participant or Parent/Guardian)

AUTHORIZATION FOR EMERGENCY MEDICAL CARE: I, _____ Hereby give permission to the Fraser Valley Metropolitan Recreation District Administration or staff to contact a doctor for medical or surgical care for treatment or care for myself or my child, _____. Should an emergency arise, the expense of emergency medical treatment or care will be accepted and paid by me.

Date: _____ Signature: _____
(Participant or Parent/Guardian)

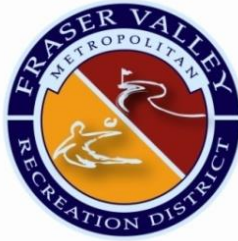
Person other than parent/guardian to be notified in case of emergency situation when parents are not available:

Name: _____ H#: _____ C#: _____

Name: _____ H#: _____ C#: _____

Name: _____ H#: _____ C#: _____

In case of serious injury or illness when neither parent/guardian nor emergency contact can be reached, will you allow you or your child to be transported to the emergency clinic by an employee of the FVMRD. YES NO



Media Waiver & Release:

I consent to my child _____ being photographed, interviewed and/or videotaped by representatives of FVMRD media outlets (newspaper, T.V. stations, etc.). Any information or images obtained from those activities may be reproduced by the FVMRD and/or the public media for use in advertising, publicity or educational activities, including but not limited to district and school publications, videos, print and television news. I hereby waive any claims I may have, and release the FVMRD and its employees from liability of claims arising out of such activities.

_____ Yes, my child may be photographed, interviewed or videotaped for media use.

_____ No, my child may not be photographed, interviewed or videotaped for media use.

FVMRD Website:

I consent to my student's first name _____ only and/or picture appearing on the district's website.

_____ Yes, I do

_____ No, I do not

Verification:

I verify that the information provided on this form is accurate and current, and that I am the legal parent/guardian of this student.

X _____
SIGNATURE of Parent/Guardian

PRINT Name of Parent

Date