

# Kaua'i Adult Volleyball Association

## Registration Form

### Contact Information: (Please print clearly)\*

\*Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Last First MI (MM/DD/YYYY)

\*Mailing Address: \_\_\_\_\_  
POB/Street Apt # City State Zip Code

\*Phone No.: \_\_\_\_\_ Alt. Phone No.: \_\_\_\_\_

\*Email Address: \_\_\_\_\_

### Questionnaire:

Preferred position:  Setter  MB  OH  DS/Libero  Opposite

Volleyball experience: \_\_\_\_\_

How did you hear about K.A.V.A.? \_\_\_\_\_

Uniform Size:  S  M  L  XL  XXL

Preferred Uniform #: 1<sup>st</sup> choice \_\_\_\_\_ 2<sup>nd</sup> choice \_\_\_\_\_ 3<sup>rd</sup> choice \_\_\_\_\_

List any medical conditions: \_\_\_\_\_

\*In Case of Emergency: \_\_\_\_\_ \*Phone No.: \_\_\_\_\_

Name of Contact & Relationship

### Player Waiver & Assumption of Risk:

I, \_\_\_\_\_, in consideration of being permitted to participate in the Kaua'i Adult Volleyball Association, hereinafter K.A.V.A., and to use its equipment and facilities, on behalf of myself, my family, my heirs, and my assigns, **I hereby release the Boys & Girls Club, Island School, the County of Kaua'i, the Department of Parks & Recreation, its officers, employees, and agents from any and all liability** for injury, death, negligence, or property loss suffered by me as a result of my participation in the program, using the facilities and its equipment, including travel to and from events or practices, or any way associated with participating in any and all program activities now or in the future.

I also acknowledge that I know, understand, and appreciate the inherent risks of participating in this program, using the facilities or the equipment and in participating in K.A.V.A. I know that these risks range from minor scrapes, strains, and bruises to significant injuries such as broken bones, eye injury or loss, concussions, paralysis, and even death. By execution of this agreement, I fully assume the inherent risks associated with K.A.V.A. and assert that I am voluntarily participating in such activities. I understand that by signing below, I have read this release of liability, fully understand it, freely and voluntarily sign the same, and acting for myself, my heirs, personal representatives and assigns.

### Photo Release Statement:

I hereby grant K.A.V.A., and persons acting for or through them the right to use, reproduce, assign, and/or distribute photographs, films, videotapes, and sound recordings of myself, for use in materials they may create.

(check **ONE**)  May use my photo, or  May **not** use my photo

Signature: \_\_\_\_\_ Date: \_\_\_\_\_