

Mississippi Basketball & Athletics – 2240 Westbrook Road, Jackson, MS 39211  
601-951-7373 or visit our website [www.mbahoops.net](http://www.mbahoops.net)



## **2018 Girls Volleyball Clinics**

### **Parent Information:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email: *(Please print clearly)* \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### **Player Information:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Age Division (see chart): \_\_\_\_\_ Current Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Current School: \_\_\_\_\_

*Circle* - Are you Right or Left handed    Height: \_\_\_\_\_ Years Played, if any: \_\_\_\_\_

What position(s) do you play in school Vball? \_\_\_\_\_

*Circle* - Uniform Jersey Size:    YM    YL    AS    AM    AL    AXL

Disclaimer Statement: The distribution of this material does not constitute an endorsement or an indication of support by Jackson Public School District or any school district. Parents and Students should determine for themselves if they want to use the services. The school district accepts no liability in this matter.

**2018 Girls Volleyball League  
Liability Release Form**

**Player's Name:** \_\_\_\_\_

**PARENT'S/GUARDIAN'S ACKNOWLEDGEMENTS**

**Please initial all lines to indicate agreement to terms.**

\_\_\_\_\_ **Waiver for Medical Treatment (Required):** In the event that my child requires emergency medical treatment and I can not be reached, I hereby authorize the MBA organizers, supervisors, directors, staff, volunteers, coaches or referees to make arrangements to transport my child to the physician, hospital or clinic that I have designated or the nearest hospital/emergency medical facility. I give my consent for any and all necessary medical care treatment for my child during this time.

\_\_\_\_\_ **Waiver for Participation (Required):** I understand that MBA activities have inherent risks and hereby assume all risks and hazards as a result of my child's participation in all MBA programs and facilities. I further release, absolve, indemnify, and agree to hold harmless, the MBA, the organizers, supervisors, directors, staff, volunteers, participates, coaches, referees, as well as persons or parents transporting participants to or from such activities from any claims or injury sustained during my use of MBA facilities or participation in any MBA activity, whether located on MBA property or not.

\_\_\_\_\_ **Wavier for photo/Video Release (Optional):** I give my consent for any photos or videos taken of my child involved in MBA programs to be used for MBA promotions, trainings or display.

\_\_\_\_\_ **I understand that refunds or transfers of payment are not applicable.**

**Parent/Guardian Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

\_\_\_\_\_  
**FOR OFFICIAL USE ONLY**

**Player's Registration Date:** \_\_\_\_\_ **Staff Initial:** \_\_\_\_\_

**Paid: \$** \_\_\_\_\_ **Cash**                      **Check**                      **Credit Card**