



# GIRLS INC VOLLEYBALL

**Ages 5-8**  
**2025 Season**

**girls  
inc.**

Inspiring all girls  
to be strong,  
smart, and bold

## **Player Information:**

Full Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Grade (Check one): \_\_\_\_\_ School Name: \_\_\_\_\_

- ☐ Kindergarten
- ☐ 1st
- ☐ 2nd
- ☐ 3rd

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

## **Parent/Guardian Information:**

Name: \_\_\_\_\_

Relationship to Player: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

## **Emergency Contact Information:**

#1 Emergency Contact Name: \_\_\_\_\_

Relationship to Player: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

#2 Emergency Contact Name: \_\_\_\_\_

Relationship to Player: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

**Medical Information:**

Does the player have any medical conditions/allergies? (Please specify):

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Does the player have medical insurance? (Check one):

- ☐ Yes  
☐ No

Insurance Provider: \_\_\_\_\_

Policy Number: \_\_\_\_\_

**Volleyball Experience:**

Has the player played volleyball before?

- ☐ Yes  
☐ No

If yes, how many years of experience? \_\_\_\_\_

Please rate the player's skill level (Check one):

- ☐ Beginner  
☐ Intermediate  
☐ Advanced

**Team Information**

Jersey Sizing (Child Sizes):

- ☐ Small  
☐ Medium  
☐ Large  
☐ X-Large

Jersey Sizing (Adult Sizes):

- ☐ Small  
☐ Medium  
☐ Large  
☐ X-Large

If your child's size is not listed above, please list it here: \_\_\_\_\_

## **Medical Waiver & Consent:**

### **INSTRUCTIONS:**

- 1) Each player must read the statement below before completing and signing this Waiver & Release.
- 2) Parents and Guardians must read the statement below before signing this Waiver & Release.

### **AGREEMENT:**

In consideration of my participation in the sponsored activities of the Girls Inc volleyball program, I acknowledge, agree to, and understand that:

1. **WAIVER & RELEASE OF LIABILITY:** I am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis and even death, as well as other damages and losses, associated with participation in a lacrosse event. I further agree on behalf of myself, my heirs, and personal representatives, that Girls Inc, the host organizations, and sponsors of any Girls Inc sanctioned event, along with coaches, volunteers, employees, agents, officers, and directors of these organizations, shall not be liable for any injury, loss of life or other loss or damage occurring as a result of my participation in the event, or as a result of equipment that may have been provided for me for these activities.
2. **MEDICAL ATTENTION:** I hereby give my consent to Girls Inc, and the host organization of Girls Inc, related event to provide, through a medical staff of its choice, customary medical/athletic training attention, transportation and/or emergency medical services as warranted in the course of my participation in Girls Inc events.
3. **READINESS TO COMPETE:** I will only participate in Girls Inc competitions for which I believe I am physically and psychologically prepared to compete.
4. **PHOTO CONSENT:** I hereby give my consent to Girls Inc, and the host organization of Girls Inc, to take pictures of my child while engaging in the volleyball program and give my permission for pictures to be used for media and marketing purposes.

**Player Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_