



GIRLS INC VOLLEYBALL

Ages 9-12
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: _____

- ☐ 4th
☐ 5th
☐ 6th

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):

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: _____