Phoenix Volleyball Class
Registration Form

Please fill out form completely and attach a check payable to **Phoenix Physical Arts LLC.** and bring it to me in the first class. Please contact **Xiaofeng Foret @408-348-5149** or phoenixvolleyball@live.com with any questions.

Name_____

Last First MI

Address_____

City_____State_____Zip_____

Date of Birth____/____/_____School_____Sex:M__F__

E-mail Address_____

Home Phone (____)_____Work/Cell Phone(_____)_____

Emergency Contact Person_____Phone(_____)_____

Classes Fee: $480/10 classes $53/Tryout or drop in class____

*Refund Policy: No refund or credit will be issued after the first class started.

Agreement and Release of All Liability

I_____, on behalf of my child(ren)_____, have voluntarily requested to participate in the Volleyball Training Program offered by Coach Foret. I am aware that attending or participating in theses activities involves risk of injury to person and property. I voluntarily accept and assume all risk of attending or participating in these activities. In consideration of being permitted to participate in these activities, I agree, on behalf of myself and my child(ren), our heirs, personal representatives and assignees, to not make any claim against or sue Xiaofeng Foret or their coaching staffs, supervisors for any injury, or the severity of an illness, including contagious diseases such as the COVID 19 virus, or damage to my child(ren) or myself, or arising from the negligence, or other acts, however caused, of the RELEASED PARTIES. In addition, I release and discharge the RELEASED PARTIES from all actions, claim or demand my children, our heirs, personal property damage resulting from the activities described above. This release includes injury or damage caused by negligence, active or passive, or other actions of the RELEASE PARTIES. I HAVE CAREFULLY READ THIS AGREEMENT. I UNDERSTAND AND THIS IS A COMPLETE RELEASE OF ALL LIABILITY, AS WELL AS A PROMISE NOT TO SUE OR MAKE A CLAIM.

_____ _____ _____

Date Name of Participant Parent's Signature

The undersigned parent/guardian hereby gives permission for any necessary medical care to be given to my child(ren) in case of accident or illness. I agree to assume full responsibility for the costs of any treatment provided.

_____ _____ _____

Date Name of Participant Parent's Signature