



Orillia Suns Volleyball

Personal Information, Waivers, and Indemnification

Fees are to be paid and submitted along with this waiver upon arrival at facility

[Cash or cheque payable to **ORILLIA SUNS VOLLEYBALL CLUB**]

Player **Last Name** _____

Player **First Name** _____

Player **Date of Birth (MM/DD/YYYY)** _____

Parent's or Guardian's **Full Name** _____

Emergency Contact **Phone #** _____

Please check each box to indicate that you understand and agree to each statement

- | | |
|--------------------------|---|
| <input type="checkbox"/> | <i>I understand that Orillia Suns Volleyball Club gathers personal information about each of its participants, including name, address, email, telephone number, gender, and date of birth. Orillia Suns Volleyball Club also requests medical and emergency contact information to use in the case of a medical emergency.</i> |
| <input type="checkbox"/> | <i>I understand and agree that Orillia Suns Volleyball Club, the YMCA of Simcoe / Muskoka, the City of Orillia, and any of their officials, affiliates or sponsors are not responsible for any injury, damage or loss resulting from any accident from known or unknown conditions, howsoever caused.</i> |
| <input type="checkbox"/> | <i>Player is a Canadian resident.</i> |
| <input type="checkbox"/> | <i>Player is covered by provincial or federal health and hospitalization plan.</i> |

Parent or Guardian's Signature

Date