

East Beach Volleyball Academy

Release of Liability

Required to Participate in Beach Training

By signing and submitting this, I affirm that I understand that personal injury insurance is NOT included in the beach training. My child is covered by the health insurance listed below. I also understand that my signature grants Dana Kabashima and Katie Spieler and their staff my approval to have my child treated professionally in case of an emergency, or injury.

Players Full Name: _____

Parents Name (Please Print): _____

Parents Cell number: _____

Parents e-mail address: _____

Health Insurance Provider: _____

Policy # _____ Group # _____

Date of Birth: _____ Players Age: _____

Occasionally, photos will be taken during training sessions for Social Media postings, do you authorize your child's photos to be on all Social Media associated with the Beach training provided by Katie Spieler and Dana Kabashima?

Yes _____ No _____

Parents Signature: _____

Date: _____