

VOLLEYACADEMY APPLICATION & RELEASE FORM

Participant's Name: _____ Date of Birth: _____

Current School Attending: _____ Grade: _____

Street Address: _____ Apt #: _____

City/State/Zip: _____ Parent's Name: _____

Parent's Email Address: _____

Contact Information:	First Name	Last Name	Relationship
Primary Contact			
Phone	W: _____	C: _____	H: _____
Secondary Contact			
Phone	W: _____	C: _____	H: _____

Payment Method: Visa MasterCard Discover

\$225 per month Card Number _____

Expiration Date: _____ CSC 3 digit # _____

Signature: _____

The card listed above may be used within the first 5 days of each month for the monthly payments or any other outstanding payments that become more than 30 days past due as long as the athlete listed on this contract remains enrolled in the program. I hereby certify that I have read and understand all information related to the Suwanee Sports Academy's VolleyAcademy program and wish to enroll the athlete listed on this form. If at any point any payments become past due, the outstanding payment will be charged to the credit card number on file. If a balance is not paid within 30 days of it's original due date, the athlete is subject to dismissal from the program without any refund to prior monies paid. This contract is not officially executed until it is submitted with payment of all applicable payments due at that time and receives final approval and acceptance into the VolleyAcademy program.

Parental Release & Refund Policy --- Please Read Carefully

I hereby give approval for the participation of my child in any and all Suwanee Sports Academy/Performance Training activities and assume all risks and hazards incidents to such participation, including transportation to and from all activities. I waive, release, absolve, indemnify and agree to hold harmless the Suwanee Sports Academy/Performance Training, affiliated associations, organizers, officers, coaches, parents, participants and officials from any claim arising out of injury to my child. I hereby give permission for Suwanee Sports Academy/Performance Training to obtain medical services for my child in case of medical emergency or injury. I declare that my child is physically fit and have the skill level required to participate in this particular event. I also understand that my child or I may be required to leave the facility should my child or I exhibit undesirable conduct. I further grant released parties the right to photograph and/or video tape me or my child and further to use my or my child's name, face, likeness, voice and appearance in connection with exhibitions, publicity, advertising and promotional materials without reservation or limitation. The released parties are, however, under no obligation to exercise said rights herein granted.

Signature: _____ **Date:** _____

Parent or Guardian