



Open Gym / Tryouts

Participant Name: _____ Phone # _____

E-mail address: _____ Birthdate: _____

Parent Permission & Medical Release

I authorize the Molten Volleyball Club Staff to administer general first aid treatment for any minor injuries that may occur during any open gyms held during 2017, for my child/player _____ . If the injury sustained is life threatening or in need of emergency treatment, I authorize Molten Volleyball Club staff to summons any professional emergency personnel to attend, transport and treat my child. If the injury sustained requires hospitalization, I understand that I or my medical insurance company is solely responsible for all bills and claims that may be filed as a result of the injury. By signing this medical release form, I further understand that I will not file any civil liability lawsuit against Molten Sports LLC, Gilbert Public Schools, Mesa Public Schools, Arizona Region of USA Volleyball, or its representatives as a result of any injury sustained by my child/player during the open gym. In case of an emergency,

Contact: _____ Relation to participant: _____

Phone # 1: (_____) _____ Alternate Phone # 2: (_____) _____

Print name of Parent or Guardian

Signature of Parent or Guardian

____/____/____
Date