

2024 IMPACT VOLLEYBALL CLUB

SUMMER LEAGUE PLAYER PERMISSION SLIP

CENTRAL JERSEY VOLLEYBALL (DBA IMPACT VBC) AND RAHWAY RECREATION (732) 540-3382
2024 GIRLS SUMMER HIGH SCHOOL VOLLEYBALL LEAGUE AGES; 13 AND OVER (entering grades
9-12 on 9/24) ALL PLAYERS MUST SUBMIT THIS FORM PRIOR TO PLAY

TEAM: _____

DATE: ___/___/___ GRADE AS OF 9/24 _____ T-SHIRT SIZE _____ (Adult Unisex Sizes)

NAME OF PARTICIPANT: _____ AGE: _____

DOB: ___/___/___ SEX: M ___ F ___

HOME ADDRESS: _____

HOME PHONE: _____ MOTHER'S NAME _____

WORK PHONE: _____

FATHER'S NAME: _____ WORK PHONE: _____

CHILD MAY ONLY BE RELEASED TO THE CHILD'S CUSTODIAL PARENT(S) OR PERSON(S)
AUTHORIZED BY THE CUSTODIAL PARENT(S), TO ASSUME RESPONSIBILITY FOR THE CHILD IN AN
EMERGENCY IF THE CUSTODIAL PARENT(S) CANNOT BE REACHED. CHILD MAY ONLY BE
RELEASED TO THE CHILD'S CUSTODIAL PARENT(S) OR PERSON(S) AUTHORIZED BY THE
CUSTODIAL PARENT(S), TO ASSUME RESPONSIBILITY FOR THE CHILD IN AN EMERGENCY IF THE
CUSTODIAL PARENT(S) CANNOT BE REACHED.

NAME _____ ADDRESS _____ PHONE _____

NAME _____ ADDRESS _____ PHONE _____ TO BE

FILLED OUT BY A PARENT OR GUARDIAN: HEALTH HISTORY DOCTOR'S NAME & Dr

NAME _____ PHONE _____

ALLERGIES _____ DISEASES _____ ASTHMA _____ OPERATI

ONS OR SERIOUS INJURIES(DATES) _____ CHRONIC OR

RECURRING ILLNESS _____ RECOMMENDATIONS AND

RESTRICTIONS WHILE IN THE PROGRAM. _____ SPECIAL

DIET: _____ CLASSIFICATION: _____ SPECIAL

MEDICINE: _____ IS PARENT SENDING IT? _____ IN THE EVENT I CANNOT
BE REACHED IN AN EMERGENCY, I HEREBY GIVE PERMISSION TO THE PHYSICIAN SELECTED BY
THE PARKS & RECREATION DIVISION, TO ADMINISTER EMERGENCY MEDICAL CARE FOR MY
CHILD.

SIGNATURE OF PARENT OR GUARDIAN: _____

PARTICIPATION WAIVER AND RELEASE I HEREBY AGREE TO ALLOW MY CHILD TO PARTICIPATE IN
THE ABOVE PROGRAM(S) HOSTED AT THE RAHWAY RECREATION CENTER, ROSELLE CATHOLIC
HIGH SCHOOL AND KEAN UNIVERSITY, RUN BY IT'S EMPLOYEES, INSTRUCTORS, AND AGENTS
UPON THE UNDERSTANDING AND CONDITION THAT: 1.) I RECOGNIZE THE RISKS OF ILLNESS AND
INJURY INHERENT IN ANY OF THE PROGRAMS MY CHILD WILL BE PARTICIPATING IN WITH THE
DIVISION OF RECREATION UPON THE EXPRESS AGREEMENT AND UNDERSTANDING THAT I AM
HEREBY WAIVING AND RELEASING CENTRAL JERSEY VOLLEYBALL CLUB LLC, THE RECREATION
DEPT., THEIR STAFF, THE CITY OF RAHWAY, AND THE PARTICIPATING HOST SITELS FROM ANY AND
ALL CLAIMS ARISING OUT OF MY CHILD'S PARTICIPATION IN THE PROGRAMS OR ANY ILLNESS
OR INJURY RESULTING THEREFROM. I HEREBY FURTHER AGREE TO INDEMNITY AND HOLD
HARMLESS CENTRAL JERSEY VOLLEYBALL CLUB LLC, THE RECREATION DEPT., THEIR STAFF AND
THE CITY OF RAHWAY FROM AND AGAINST ANY AND ALL SUCH CLAIMS. 2.) I AGREE TO INFORM
THE RECREATION DIVISION, AND CENTRAL JERSEY VOLLEYBALL OF ANY CHANGE IN MY
PHYSICAL CONDITION WHICH MIGHT IN ANY WAY ADVERSELY AFFECT MY ABILITY TO
PARTICIPATE IN ANY OF THE PROGRAM(S) SAFETY.

I ALSO, AS WITNESSED BY SIGNATURE UNDERSTAND THE NATURE OF THE ACTIVITY WITH
REGARDS TO DANGER INVOLVED, AND AGREE TO ASSUME ANY AND ALL RISKS OF BODILY
INJURY, DEATH OR PROPERTY DAMAGE WHETHER THESE RISKS ARE KNOWN OR UNKNOWN.
I FURTHER FOREVER RELEASE CENTRAL JERSEY VOLLEYBALL LLC AND THE OWNERS OF THE
(4) VENUES FROM ANY AND ALL ACTIONS, CLAIMS AND DEMANDS RELATED TO MY
PARTICIPATION IN THESE ACTIVITIES

MY CHILD IS UNDER THE CUSTODIAL CARE OF: (CHECK ONE) BOTH PARENTS _____

MOTHER ONLY _____ FATHER ONLY _____ OTHER(PLEASE EXPLAIN) _____

SIGNATURE OF PARENT OR GUARDIAN: _____