



# All Saints Volleyball Registration Form 2024-2025

| Student Information / Información del estudiante |                         |
|--|-------------------------|
| Student's First & Last Name / Nombre y Apellido  | Student's Grade / Grado |
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I/We the Parents/Guardians of above-named child(ren), a participant in Angels Athletics, do hereby give my/our approval of the child(ren)'s participation in any Angels Athletics activities and events. I/We assume all risks and hazard incidental in such participation, and I/We indemnify and agree to hold harmless Angels Athletics, it's organizers, sponsors, and all qualified staff from any and all claims for negligent acts and omissions. I/We are solely responsible for healthcare for our child(ren), if needed. Coaches, managers, referees, their assistants or anyone else who prepares any facilities shall NOT be liable for injury, or death of any participant in Angels Athletics, which results from the negligence of any of the above listed individuals. Notwithstanding the above stated language and without the waiver of any defense by this Release/Waiver and Hold Harmless Agreement, the signer(s) and/or his/her child's right to recovery under any adequate accident and liability insurance presently in force covering my/our child(ren) shall not be effected and I/We will continue such coverage at my/our expense, while he/she participates in this Angels Athletics Program.

**PARENT/GUARDIAN**  
**SIGNATURE / FIRMA:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

| Parent & Guardian Information / Información para padres y tutores |                      |                          |
|---|----------------------|--------------------------|
| First & Last Name / Nombre y Apellido                             | Phone # / Teléfono # | Home Address / Direccion |
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