

HIGH SCHOOL SUMMER LEAGUE

PLAYER REGISTRATION

SCHOOL NAME: _____

VARSITY _____ JV _____ FRESHMAN _____

Player Information

Name: _____ CIRCLE ADULT SHIRT SIZE: S M L XL

Email Address: _____ Player Phone Number: () _____

Parent or Guardian Information

Names: _____

Email Address: _____

Emergency Phone: () _____ Contact Name: _____

Emergency Phone: () _____ Contact Name: _____

WAIVER RELEASE

By signing below I give consent for my child, _____ to participate in the volleyball summer league to be held at schools in Revolution Sports Facility in 2018. I hereby certify that she is physically capable of participating and I realize that there are risks involved in participating in the league. Knowing the risks involved, by signing, I, on my behalf and that of my child, our heirs, administrators and executors, release and agree to hold harmless Revolution Sports Facility, Revolution Volleyball Club, and all persons or entities associated with Revolution and the summer league from any responsibility and/or liability for any and all claims, demands, damages, costs, causes of action, and expenses arising out of or resulting from my child's participation in and involvement with this league and program, including personal injury, disability, or property damage that may be incurred throughout the duration of this league.

In the event of a serious medical emergency, I hereby consent to and authorize treatment for my child by medical personnel until I can be contacted.

After reading this release, I fully understand and accept all conditions as outlined for permitting my child to participate in this summer league.

Signature of Player: _____ Date _____

Signature of Parent/Guardian: _____ Date _____

Cost per player is \$50

(if using a check, make payable to Revolution Volleyball)

RETURN THIS FORM TO YOUR HIGH SCHOOL

COACH BY MAY 15th