

Sand Training Registration

Player's Name:	Player's Birth Date:
Player's Mobile #:	
Parent/Guardian Name:	
Parent/Guardian's Mobile #:	
Emergency Contact Name and Number (other than parent listed above):	
By checking here I give Eastern Elite permission to seek medical assistance for the above named player sho	uld staff deem necessary.

In consideration of my child's involvement with Eastern Elite Volleyball, I acknowledge the risk bodily injury, including paralysis, dismemberment and death, as well as loss of or damage to property; I knowingly and freely assume all such risk. This is to certify that I, as parent/guardian of this above participant, agree to the above statements and do consent to his/her release of USA Volleyball, Eastern Elite Volleyball, Carolina Region Volleyball, DM Price Limited Family Partnership, Goldsboro Parks & Recreation, and all officers, administrators, official agents, employees, coaches, staff, volunteers and other representatives from organizations listed above from any and all liabilities incident to my child's involvement in the programs conducted by Eastern Elite Volleyball, USA Volleyball and its Regional Volleyball Associations. I have read this Waiver and Release, agree and sign voluntarily.

Parent/Guardian Signature

Date

Staff Use Only:			
Tuesday – April 17	Tuesday – May 15	Tuesday – June 12	Tuesday – July 10
Thursday – April 19	Thursday – May 17	Thursday – June 14	Thursday – July 12
Tuesday – April 24	Tuesday – May 22	Tuesday – June 19	Tuesday – July 17
Thursday – April 26	Thursday – May 24	Thursday – June 21	Thursday – July 19
Tuesday – May 1	Tuesday – May 29	Tuesday – June 26	Tuesday – July 24
Thursday – May 3	Thursday – May 31	Thursday – June 28	Thursday – July 26
Tuesday – May 8	Tuesday – June 5	Tuesday – July 3	
Thursday – May 10	Thursday – June 7	Thursday – July 5	
Amount Received / Date:			